

**DISSERTATION ON
“A STUDY TO ASSESS THE EFFECTIVENESS OF PSYCHO
EDUCATION MODULE ON PROMOTING SELF CARE ABILITIES
OF CHILDREN, AMONG CARE GIVERS OF INTELLECTUALLY
DISABLED CHILDREN AT SELECTED SPECIAL SCHOOL
CHENNAI”**

**M.Sc (NURSING) DEGREE EXAMINATION
BRANCH-V- MENTAL HEALTH NURSING**

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**THE TAMILNADU DR. MGR MEDICAL UNIVERSITY,
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In partial fulfillment of the requirement for the degree of

MASTER OF SCIENCE IN NURSING

APRIL 2016

CERTIFICATE

This is to certify that this dissertation titled **“A study to assess the effectiveness of psycho education module on promoting self care abilities of children, among care givers of intellectually disabled children at selected Special School, Chennai”** is a bona fide work done by Ms. K. Dharani, II year M.Sc Nursing student, College of Nursing, Madras Medical College, Chennai-03, submitted to the Tamilnadu Dr.M.G.R Medical University, in partial fulfillment of the university rules and regulations towards the award of degree of Master of Science in Nursing, Branch-V, Mental Health Nursing, under our guidance and supervision during the academic period from 2014-2016.

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ABSTRACT

Title: A study to assess the effectiveness of psycho education module on promoting self care abilities of children, among care givers of intellectually disabled children at selected Special school, Chennai.

Intellectual disability refers to children whose intellectual capacity is lowered or underdeveloped to an extent which prevents normal function of self care activities. Self care refers to do the things that one normally does in daily living. It includes any daily activity that one performs for self care such as feeding, bathing, brushing, toileting, grooming. Psycho education helps the people to promote their activities and also to lead an independent life.

Need for the study:

Today's Children are the tomorrow's leaders. Some of the children's are born with intellectual disability and lack in adaptive functioning. These children may need assistance in self care activities. This thought stimulated the investigator to promote the adaptive skills to the children through the care givers to lead their life in an independent way.

Objectives:

1. To identify the socio demographic variables of care givers of Intellectually disabled children
2. To assess the level of self care abilities of children before psycho education among care givers of intellectually disabled children
3. To assess the level of self care abilities of children after psycho education among caregivers of intellectually disabled children
4. To measure the effectiveness of psycho education on self care abilities of children among care givers of intellectually disabled children
5. To associate the effectiveness of psycho education on self care abilities of children, among care givers with selected demographic variables.

Key words: Self care ability, Intellectuallydisabled, psycho education, care givers.

Methodology:

Research approach: A Quantitative research approach, *Research design:* pre experimental one group pre test and post test design was used.

Sampling technique: The sample was selected by convenient sampling technique (n=60).

Study population: Care givers of intellectual disability children

Study tool: Modified behavioral assessment scales for Indian children with mental retardation.

Data collection procedure: Psycho education was administered to the care givers through flash cards, charts, power point regarding the following aspects of promoting self care abilities like brushing technique, bathing methods, eating techniques, toilet training, hand washing techniques, dressing and grooming aspects.

Analysis:

Demographic variables were analyzed by using descriptive statistics like mean, standard deviation and psychological variables were analyzed by using inferential statistics like Chi- Square, Paired't' test.

Results:

The overall pre-test self care ability score among care givers of intellectual disability children 52.5%, whereas in post-test it was 76.8%. So the significance difference between pre-test and post- test score is 24.3%.

Discussion:

Self care ability was assessed by modified structured questionnaire. The levels of self care ability were analyzed by student paired't' test. The results on post- test showed significant gain in self care ability ($p= 0.001$) in score. Hence the objectives were achieved and hypothesis has been accepted.

Conclusion:

The study findings revealed that psycho education module was very effective and helped the care givers to promote their children's self care abilities.

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LIST OF ABBREVIATIONS

S. No	Abbreviation	Expansion
1.	IQ	Intelligent quotient
2.	ID	Intellectual disability
3.	X ²	Chi square test
4.	CI	Confidence interval
5.	SD	Standard deviation

CHAPTER I

INTRODUCTION

Children's need to have a good mental health states if they are going to live upto their potential and truly live a life that is filled with positive experiences and willing to do what is best for themselves and the people around them. Some children are born with intellectual disability. These issues are a product of nature rather than nurture, so the child may have difficult to deal any situation. If these issues are not dealt within the proper fashion, the child may be prone to have low self esteem and they struggle in the environment. **(Kids Mental Health Organization2009)**

Globally 83 million people are estimated to be intellectually disabled, with that 41 million persons have long term or permanent disability. It ranks fourth in the list of leading causes of disability. The overall prevalence of intellectual disability children is between 1-3 %. It is common in the age group of 2-3 years and peak in the age group of 10-12 years. Population studies have shown that overall prevalence of mild to severe intellectual disability ranges from 2.5-5 per thousand population.(*Nadeem Ahmed, 2014*)

Mentally retarded were 20 out of 1000 population and developmental delay in 30 out of 1000 population under the age group of 18 year. In that rural areas were covered by 3.1 % and urban areas were covered by 0.9%. Prevalence of both severe and mild mental retardation is estimates vary with age and gender. The etiology of up to 50% is unknown. **(National Sample Survey Organization2007)**

Both the centers for Disease Control and Prevention and the American Association on mental retardation have adopted the new terminology of intellectual disability (**2007**) instead of mental retardation.

Mental retardation refers to significant sub average intellectual functioning result in or associated with impairment in adoption behavior which manifested during the development (*American Association (1983)*).

The mind of a mentally disabled is like a broken twine that is searching for its links. It becomes wider in case of a child suffering from mental disability, who always wants to explore its surroundings. Simple good manners are a tool that helps to dispel social awkwardness and help gain respect in the society.

The term mental retardation changed to intellectual disability states that it is a disorder with onset during the developmental periods that includes both intellectual and adaptive functioning deficits in conceptual and social and practical domain under the age of 18 years. The practical skills are self care abilities and activities of daily living (**American Association on Mental Retardation 2009**).

Self care abilities are the things that one does normally in daily living. It includes any daily activity of self care such as feeding ourselves, bathing, dressing and grooming. Any person with health impairment might use care giving services to address their difficulties. A caregiver is an unpaid or paid person who helps another individual with impairment with his or her activities of daily living.

With an increasingly developed population in all developing and developed societies, the role of caregiver has been increasingly recognized as an important one, both functionally and economically.

The investigator helps them to shift their attention from deficits in the child towards assets or what the child can do or has the potential to learn, by

providing adequate parent's training program me to make the intellectually disabled children independent in daily living skills.

. 1.1 Need For Study:

Indian journal of Community Medicine states that 4.2 per 1000 population are affected with intellectual disability in India in the year of 2010.

Coumaravelu Saravanan, 2013: In Tamil Nadu around 9.4 Lakh were mentally challenged persons and out of them 3.67 lakh are children. These children are being taught in government and private schools.

American Association on Mental Retardation 2009: states adaptive functions referring to a set of behavioral skills necessary to perform activities of daily living, social skills, self care skill, domestic and communication skills. Through the promotion of practical skill of a child one can promote the other aspects and give child an independent life.

Care givers should be aware of their children's ability, so that they can train their children accordingly. The training school alone cannot bring the intellectually disabled children to do the self care abilities. Care givers in the training school are prefer to do the self care activities of his or her children rather than take time to teach the self care activities.

The investigator got an experience to visit a special home for mentally retarded children; their investigator found that the care givers of children were lack of awareness about self care abilities. Hence this stimulated the investigator to conduct the study on self care activities on intellectually disabled children with the involvement of care givers.

Girimaji, 2010: Intellectually disabled children can become independent in doing self care activities depending upon how the training and learning of the children occur.

MC Conschie 2012: states that parent's attitude is the very important source of information regarding their children ability. Hence it is a main role for the caregivers in promoting the self care abilities.

In this study the psycho education components on providing information regarding promoting aspects of self care abilities through care givers to the intellectually disabled children are discussed.

1.2 Statement of the problem

A study to assess the effectiveness of psycho education module on promoting self care abilities of children, among care givers of intellectually disabled children at Special school, Chennai.

1.3 Objectives of the study

6. To identify the socio demographic variables of care givers of intellectually disabled children
7. To assess the level of self care abilities of children before psycho education among care givers of intellectually disabled children
8. To assess the level of self care abilities of children after psycho education among caregivers of intellectually disabled children
9. To measure the effectiveness of psycho education on self care abilities of children among care givers of intellectually disabled children
10. To associate the effectiveness of psycho education on self care abilities of children, among care givers with selected demographic variables.

1.4 Operational definition

Assess

In this study assess refers to the critical analysis and valuation of the self care abilities of children among care givers.

Effectiveness

In this study effectiveness refers to significant gain in post test score values regarding activities of self care ability of intellectually disabled children.

Psycho education

In this study psycho education refers to providing needed information daily 2 hours regarding promoting aspects of self care abilities of intellectual disability children like toilet training, eating ,bathing , brushing techniques, dressing and grooming aspects among care givers and thereby gaining their child skills in day to day activities.

Self care abilities

In this study self care abilities refers to do the things that one normally does in daily living including any daily activity one performs for self care like toileting, brushing, bathing, eating, dressing and grooming.

Intellectual disability

In this study intellectual disability refers to the children whose intellectual capacity is underdeveloped to an extent which prevents normal function of self like social skills, practical skills, communication skills under the age of 18 years.

Care givers

In this study care givers refer to the persons those who give care to the intellectually disabled children.

1.5 Assumptions

- Intellectually disabled children are inadequate in self care activities.
- Psycho education will promote the self care abilities of intellectually disabled children through care givers.

1.6 Hypothesis

H1: There will be statistically significant difference between pre test and post test of self care ability score of children among care givers of intellectually disabled children

H2: There will be statistically significant association between self care abilities of children and educational status of care givers.

1.7 Delimitations:

- The study is limited to care givers of intellectually disabled children residing in Chennai.
- The study is limited to caregivers of intellectually disabled children (6-12 years).

CHAPTER II

REVIEW OF LITERATURE

2.1 Review of related studies

Section A: Literature related to intellectual disability

Section B: Literature related to self care abilities on intellectual disability

Section C: Literature related to psycho education on self care abilities of intellectually disabled children among care givers.

2.1.1 *Literature related to intellectual disability*

Daniel Sai et al, (2015) descriptive study was conducted on 934 mental retarded children in selected cities of Perth in Australia to assess the prevalence of mental retardation and found that 79% of the children were suffering with mild mental retardation, 12% of children were with moderate type of mental retardation and about 9% of children were suffering with severe type of mental retardation.

R .Diane Joseph et al, (2014) conducted a study on mother's attitude towards their intellectually disabled children with a sample of 92 mothers from 4 schools at Cuddalore. The results show that the mothers have positive attitude (68%) towards their child with disability. And stated that mothers educational status influenced their attitude and knowledge towards their children

Bhagya. B et al 2014, conducted a study to determine the prevalence of intellectual disability in Mangalore by age sex, religion and location. The prevalence was obtained from the inclusive education resource centre reports of 2011 by using the Benet Kamet test. The results showed that the prevalence of intellectually disabled was higher among males than in females $P < 0.001$. No notable sex difference between rural and urban area was seen.

Sven Sandin et al, (2013) conducted a study to examine the association between use of in vitro fertilization and the risk of intellectually disabled in Swedish national health centre. The results showed that more than 30,959 that were newly. Overall 103 with autistic and 180 children are with intellectual disability. They concluded small significance between the treatment and intellectual disability.

Omar Ali Naïf et al, (2013) conducted retrospective study on consanguinity and non consanguinity risk factors for intellectual disability among children in South Jordan. A sample of 108 children was taken. The results showed that overall prevalence was 54.6 % in consanguinity and 75.9% in non- consanguinity.

Metropolitan Atlanta Developmental Disabilities (2012) A comparative study conducted to assess prevalence. The administrative prevalence of mental retardation (I.Q of 70 or lower) was identified by review of records from multiple sources, with the public schools as the primary source. The overall administrative prevalence of mental retardation is 12.0 per 1000 children. The rate from mild MR (I.Q of 50-70) was 8.4 per 1000 and the rate of severe MR (I.Q <50) was 3.6 per 1000. The prevalence was higher in Black children than White children (prevalence odds ratio [POR] =2.7) and in boys than in girls (POR=1.4). Children with severe mental retardation had more coexisting disabilities than children with mild mental retardation. The mental retardation prevalence rates reported here, especially the race-specific rates, may reflect social and demographic feature unique to the metropolitan Atlanta area and therefore should be used with caution in making comparisons with other populations

Badadhe Anita Anand (2009) conducted a study to assess the self care abilities of moderate Mentally Retarded children and parent involvement in their care. Sample size was 30 moderate mentally retarded children in the age group of 6 – 12 years with IQ 35-50 and their parents using Non-Probability Purposive

Sampling. Results shown that 70.7% of them were mothers had well (score 13-18) involvement in child care, 7.1% of the fathers had fair (score 13-18) involvement in child care.

Ferruh N Ayoglu (2008) conducted a study to evaluate the prevalence of intellectual disability by gender, age of diagnosis and location in learning disability at Turkey. The sample of 1909 children was taken between the year of 1995 to 2003. The results showed that the distribution of severe and profound were 304 cases(15.9%), 1060 were moderate and mild(55.6%), 545 children were of borderline(28.5%). The total samples of 1327 children were lived in urban areas.

2.1.2 Review related to self care ability

Robert et al(2013), conducted a study on personal assistance for children and adolescents below 18 years with both physical and intellectual impairments at the University of Oxford, U.K. The sample consists of 1002 children with intellectual impairments living in the community who require assistance to perform the task of daily living and to participate in normal activity. The study concluded that more than 900 children (75%) need assistance and that may have some benefits to the care givers and also the recipients. The study concluded that implementing new programmes in different forms of assistance would help.

Sweson, 2010 conducted a study to assess the effectiveness of self care ability among intellectual disability children. Samples of 195 children were taken and the children were classified as 0-6 years and 6-12 years. Results showed that children were 6-12 years shown 55% on their self care ability and children with 0-6 years shown 45 % on their self care ability. The study concluded that a strong correlation between age and self care ability was found among children self care ability.

Meimo 2011: A study was conducted regarding tooth brushing behavior in an institution for the disabled in Lisbon, Portugal. The sample consists of 135 disabled children enrolled in an institution for disabled. The simplified Debris index was used to compare plaque removal outcomes on a three month period. The result showed that 114 completed a routine tooth brushing procedure and 10(8.8%) of them brushed all tooth surface. At the end of study 52 (48.6%) brushed all tooth surface. The study concluded that it is possible to implement daily oral hygiene maintenance in disabled children.

International Research Journal (2012): A study on evaluation of an intervention system for parents of children with intellectual disability and challenging behavior, among 115 families in Japan. During the educational programme sign post material such as information booklets, a workbook, videotape for parents and a series of educational programmes were delivered to the parents. On post-test 80% of the subjects reported that they felt more efficacious about managing their child's behavior and reported high levels of satisfaction with the delivery of the material and educational programme.

Joshwan(2009):The study was conducted on 95 families to assess the effectiveness of parent skill teaching programme regarding the care of intellectually disabled children. 20 week behavioral training program was given to the parents with mentally retarded children. Feed back was taken after 14 months. It showed that 855% of the parents had retained their knowledge of programming principles. Carried out regular teaching sessions and children retained their original new skills; 10% of parents had followed few principles of teaching sessions and children gained few new skills; and <5% of parents did not follow any principles of teaching sessions and there is no gain of a new skill in their children.

Oasi Maia et al, 2009 conducted a study regarding comparative aspect of abilities on mental retardation at scientific institute for mental retardation, USA. 5 weeks interventional teaching program were given on 34 male children with mental retardation. Study concluded that most of 65 % of children were very effective in self care ability after the intervention than any other program.

Sachs et el, 2009 conducted a long term descriptive study facilitating family occupation with their children's self care ability. 10 families were selected in Halfa, Israel. Study concluded that integration of caregivers and children's activity shows 60% improvement in their children's skill. And thereby parents stress has been reduced to 50% in their total burden.

2.1.3 Reviews related to effectiveness of psycho education program on self care abilities

Trace et el.2013 conducted a quantitative study on caregivers ability on child with mental retardation. 30 caregivers were taken in urban area at Los Angles, Columbia University. Study concluded that care givers face many problems during their children's care. With the training, care givers of mothers of 70% can promote their children's self care ability. Results show the self care ability score gain about 25% difference between pre test and post test.

Roberto et al, 2012 conducted a pre experimental study on self care ability of children and care givers involvement in mentally retardation children. 30 care givers were selected in rural areas of Uganda. The Study concluded that 60 % of the educated people, mostly of mothers promoted their children's self care ability with highly p value of $\sim < 0.001$.

Chen et el, 2011 conducted a quantitative study on caregivers current and future expectations of long term planning for their children with mental retardation in Taiwan, Pennsylvania State university. Totally 30 sample were taken between the age group of 12-29 years. Primary care givers were parents, siblings and

guardians. 300 questionnaire were disseminated and the findings showed that the preferred parents were the most preferred company for their future arrangements

Nithesh Patel et al, 2010 conducted a pre experimental study regarding 'involvement of parents in training mild intellectual disability children in self care and play skills' among 30 parents of children between four to eight years of age in a rural area at Secundrabad in India. Subjects were pre-tested and knowledge scores showed that 20% of the parents had awareness about the importance that home based care improves self care activity.

Gupta, 2009: A quantitative study was conducted to assess the effectiveness of planned teaching programme on knowledge and attitude of mothers of intellectual disability children attending the child Guidance Center at Rajkumari Amrit Kausi (R.A.K.) College of Nursing, New Delhi. The sample consisted of 30 mothers who had children with intellectual disability This study used a one group pretest and posttest design. The study suggested that the educational programme was 68 % effective to enhance the knowledge and attitude of mothers regarding the management of intellectual disability children. The study concluded that knowledge and attitude of mothers regarding management of intellectual disability children could be improved by educational program..

Penny Low Denier (2009) A descriptive study to assess the activities of daily life of intellectual disability children. Totally 95 care givers of intellectually disabled children were taken regarding 20 weeks training program. Results shown that after the training the self care ability score of children has been improved. They concluded that care givers have reported their children can easily follow grooming (75%) and eating aspects (72%) apart from other aspects. The care givers felt better improvement on their children's activity.

University of Sydney.(2009): A quantitative one shot case research project conducted on 'home - based care programmes for parents of children with

intellectual disabilities at school of occupation and leisure sciences. The sample for the study was randomly chosen 45 parents of intellectual disability children under four years of age. Results indicated that parental education in home - based care is effective in making the parents to be efficient in training their intellectual disability child to be independent in their self-help skills.

Acharya, 2009: A quantitative study conducted an assessment of parental needs regarding care of their intellectual disability child at NIMH in Secundrabad. Research indicated that 76.6% of parents have expressed the need for seeking information regarding therapeutic, educational, and vocational programmes. Parents were interested to know more about training in communication, management of behavioral problems and training in Self-help area.

Boston et al (2007) conducted a one group pre test and post test study on assessing the self care ability of 76 school-age children with identified disabilities receiving special education services in public school. ADL tools were used. The study results indicated that the scores of students with disabilities were lower on all aspects of self care ability. They concluded that most of the moderately intellectual disability children were partly dependent (65%) and some of them were(35%) in supportive activities.

Vinayak, 2006 conducted a study on self care abilities. Totally 200 samples were taken. It includes 8 weeks training program with the flashcard, booklet and other materials. Findings indicated that 60% of the parents had improved awareness towards the same item. Post-test scores were higher than pre-test scores with mean score difference of 20.5.

2.2 CONCEPTUAL FRAMEWORK

Modified Orem's theory of self care

The conceptual framework of the present study as depicted in the diagram was developed on the basis of modified Orem's theory of self care. Self care deficit theory or nursing is composed of 6 basic concepts and is related to peripheral concept. The basic concepts are self care, self care agency, therapeutic self care demand, self care deficit, Nursing agency and Nursing system. Self care, self care agency, therapeutic self care demand and self care deficit are related to the person in need of nursing. Whereas nursing agency and nursing system is related to the nurses and their activities. Here Orem explained the people who need of nursing and who provide nursing work cooperatively to achieve the goal.

Self care

Involves practice of activities that individual initiates and performs on their own behalf in maintaining life, health well being. In this study the intellectual disability children have inadequate in activities of daily living, and they will acquire demand on self care abilities like activities of daily living to maintain their life in an independent way. ie. is they lack in self care ability.

Self care agency

It is a human ability in which is the ability for engaging in self care is emphasized. The person uses the power or self care ability and a self care agent. In this study the self care agency is the care givers who provide care or supports to the intellectual disability children.

Therapeutic self care demand

It can be thought of as a totality of self care actions to be performed for some duration in order to meet self care requisites. In this study, the therapeutic

self care demand is psycho education module by means of providing the need for information, education communication to the caregivers about promoting self care abilities of children.

Self care deficit

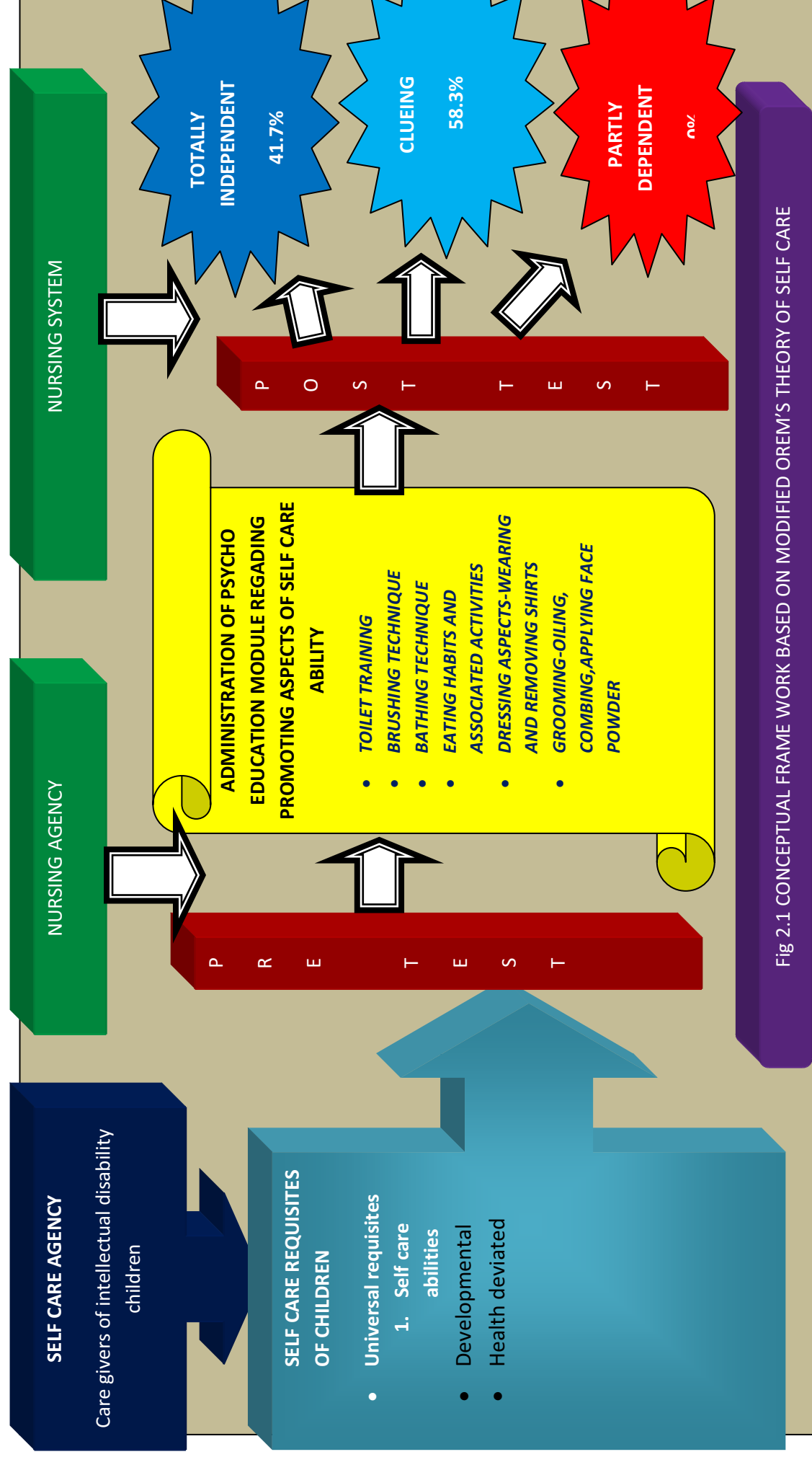
Self care deficit is the relationship between self care demands of the individuals in which capacities for self care are not equal to meeting some or all of the components of their therapeutic self care demands. In this study the self care ability like toileting, bathing, brushing, eating, dressing, grooming aspects were inadequate among intellectual disability children.

Nursing agency

Complex property attributes to persons and trained nurses that enable for knowing and helping others. In this study the investigator is the nursing agency carrying out the information on self care abilities of the intellectual disability children based on the pre assessment and plan for the psycho education module and post assessment are done on self care ability to know the effectiveness of information.

Nursing system

All the actions and interactions of the Nurse and Patient happen in nursing practice situation. There are three types of nursing systems wholly compensatory, partly compensatory and supportive educative system. In this study the investigator has chosen to promote the self care abilities of intellectual disability children on the following aspects. Those are eating, toileting, bathing, brushing, dressing and grooming. The investigator validates self care ability on totally independent, partly dependent and cluing.



CHAPTER III

METHODOLOGY

3.1 Research Approach

A research approach was Quantitative research approach.

3.2 Duration of the study

The study was conducted for the period of four weeks

3.3 Study Setting

The study was conducted in ASHA home in Egmore, Chennai-7

3.4 Study Design

The study design adopted for this study was pre-experimental, one group pretest and posttest design

Table 3.1 Shows the Study Design

Selected group	Pre test	Intervention	Post test
One	(O1)	.(X)	(O2)

Key:

Selected group-Care givers of intellectual disability children

O1-Assess the level of self care ability of children

X -Psycho education on promoting self care abilities of children, among care givers of intellectual disability children

O2-Assess the level of self care ability gain of intellectual disability children

3.5 Study population

In the present study the population comprised of care givers of intellectual disability children in selected special school at Egmore, Chennai.

3.6 Sample Size

Sample size consists of 60 care givers of intellectual disability children attending the special school

3.7 Criteria for Selection of the Samples

3.7.1 Inclusion criteria:

- Care givers of mild and moderate intellectually disabled(6-12 years of age) children
- Care givers of intellectually disabled children who are willing to give consent for the study
- Care givers of intellectually disabled children who speak and understand Tamil and English.

3.7.2 Exclusion criteria:

- Care givers of severe intellectually disabled children.
- Care givers of intellectually disabled children who are not available during data collection
- Care givers of intellectually disabled children who are not willing to give consent for the study.

3.8 Sampling Technique

In this study convenient sampling technique was used to select 60 samples care givers.

3.9 Research Variable:

3.9.1 Dependent variables:

Self care abilities of children among care givers of intellectually disabled children.

3.9.2 Independent variables:

Psycho education module .

3.10 Development and Description of the tool

3.10.1 Development of the tool

The investigator used modified behavioral assessment scale for Indian children with mental retardation to assess the self care abilities of children among care givers by 6 aspects such as eating, toileting, bathing, brushing, dressing and grooming.

3.10.2 Description of the tool

It comprises of two sections.

Section A consists of demographic data which includes information of care givers about the age, type of relationship to the child, religion, area of residence, educational status, occupation, monthly income, type of marriage, type of family and number of healthy children.

Section B consists of modified behavioral assessment scale for Indian children with mental retardation have 25 questions related to self care abilities of children, among care givers of intellectual disability children in 6 aspects.

The aspects are:

- Eating – 4 questions

- Toileting -4 questions
- Bathing-4 questions
- Brushing -4 questions
- Dressing -5 questions
- Grooming -4 questions

3.10.2.1 Score Interpretation

The level of self care ability of children among care givers of intellectual disability children in each aspect has been classified based on scores obtained

T able 3.2 shows score interpr etation	LEVEL	SCORE
	Totally dependent	0-25
	Partly dependent	26-50
	Clueing	51-75
	Totally independent	76-100

3.10.3 Content validity of the tool

Content validity of the tool was obtained from Medical, Nursing and statistical experts, clinical psychologist in the field of mental health. The experts suggested certain modifications, after correcting they agreed this tool for assessing the self care abilities of children among care givers of intellectually disabled children.

3.10.4 Ethical Consideration

The study objectives, intervention and data collection procedure was approved by research and ethics committee of Madras medical College, Chennai. The care givers were explained about the purpose and need for the study. They were assured that their details and answers will be used only for the research purpose. Further they were ensured that their details will be kept confidentially. Thus the investigator followed the ethical guidelines, which were issued by the Ethics Committee after getting a written permission.

3.11 Pilot Study

Pilot study is a trial run for the main study, to test the reliability, practicability and feasibility of the study. Pilot study was conducted in ASHA home, Opportunity school for disabled, Egmore, Chennai from 22.6.15 to 27.6.15. In this study 10 care givers were selected by convenient sampling technique. Informed consent was obtained from the care givers before collection of the data. The investigator used modified behavioral assessment scale for Indian children with mental retardation and assessed the self care ability of the children among care givers before and after Psycho education.

3.12 Reliability of the tool

After pilot study reliability of the tool was assessed by using split - half method. The 'r' value obtained was 0.80 which showed a high positive correlation. Hence the tool was considered reliable.

3.13 Data Collection Procedure

Data collection means gathering of information needed to assess a research problem. The investigator collected the data from the care givers of intellectual disability children, who are attending in ASHA home, project for the disabled from 16th July to 14th August. Prior permission was obtained from the authority, and it was planned for a period of 4 weeks.

Totally 100 care givers were regularly coming to the school, among which the investigator selected 70 care givers initially, out of 5 of them were sick and 5 of them were not willing for study. The investigator selected 60 care givers based on the criteria. The investigator is introduced to the manger in charge in the school with the care givers and the informed consent is obtained from them for their willingness to participate in this study.

The pre test was conducted by modified behavioral assessment on self care abilities of children among care givers. Psycho education on promoting self care abilities was planned after the pretest conducted by the investigator in 6 aspects such as eating, toileting, bathing, brushing, dressing, grooming. The post test was done on care givers by using the same tools on self care abilities of children among care givers of intellectually disabled children.

Figure 3.1 Stages

<p>Stage 1: pre planning</p> <ul style="list-style-type: none"> • Got permission, informed consent, explaining the procedure, explaining the criteria for attending program • Conducting pre test
<p>Stage 2: planning and explaining</p> <ul style="list-style-type: none"> • Explaining the importance of the procedure • Explaining the steps in procedure • Clarifying the doubts of the care givers • Ask them to re demonstrate
<p>Stage 3: Post assessment -Conducting post test</p>
<p>Stage 4: Closure- extending gratitude, develop therapeutic relationship</p>

3.13.1 Session of psycho education:

1st Session-self introduction with topics are to be covered. Given instructions regarding promoting aspects on eating like type of foods to be given, mannerism while eating, posture during eating are given.

2nd Session -Covered on toileting aspects regarding removal of inner wear and wearing of inner wear, sitting posture, reaching to the toilet area by making potty practice.

3rd Session -Covered on brushing aspects regarding the steps in brushing techniques, paste on brush, wetting the brush etc.

4th Session - Covered on bathing techniques regarding application of soap, wetting with water on body , drying of body and face, toy bathing.

5th Session - Covered on dressing aspects regarding buttoning and unbuttoning, removing and wearing of shoes, mirror dressing etc.

6th Session - Covered on grooming aspects regarding applying oil on hair, combing techniques, applying powder on face etc.

7th Session –Review of previous classes and concluded the session.

After the psycho education informational booklet given to the care givers, doubts were clarified. All the care givers were cooperative and the investigator expressed her gratitude for their co operation.

Intervention protocol:

Time: 1 hour in morning, 1 hour in evening

Place: ASHA home

Tool : modified behavioral assessment scale for Indian children with mental retardation.

Administered by: Investigator

Participants: Care givers

Teaching aids: Flash cards, Charts, Power Point, Booklet

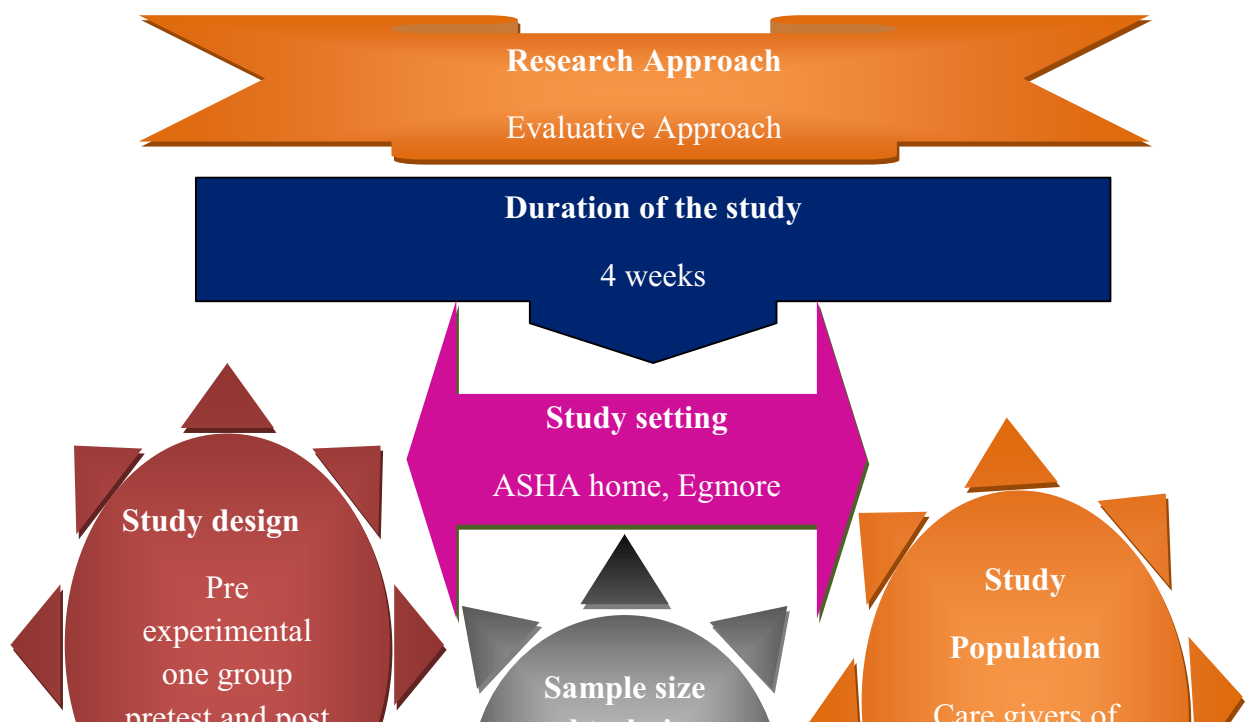
Aspects:

- Toilet training
- Eating habits
- Bathing techniques
- Brushing techniques and hand washing techniques
- Buttoning and unbuttoning in dressing aspect
- Combing techniques

3.14 Data entry and analysis

- Demographic variables in these categories are given in frequencies with their percentages.
- Self care ability score given in mean and standard deviation
- Quantitative self care ability score of children among care givers in pre test and post test will be compared using student's paired t-test
- Correlation coefficient association between demographic variables and self care ability score analyzed using Pearson Chi-Square test

FIG 3.2 SCHEMATIC REPRESENTATION OF THE STUDY



CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data from 60 caregivers of intellectual disability children who are attending in ASHA Home Chennai. Statistical procedure were enabled the investigator to analyze, summarize, evaluate, interpret and communicate the numerical information. The collected data were tabulated and presented according to the objectives under the following headings.

4.1 Organization of the data

Section I- Socio demographic variables of the care givers of intellectually disabled children

Section II- Self care abilities of children, among care givers of intellectually disabled children before psycho education

Section-III Self care abilities of children, among care givers of intellectually disabled children after psycho education.

Section IV- Effectiveness of psycho education

Section V-Association of effectiveness of psycho education with selected demographic variables

4.2 Statistical information of the data

Section I Socio demographic variables of the care givers

Table 4.1- Socio demographic variables of the care givers

S.No	Demographic variables		Frequencies	In percentage
1	Age	25 - 30 years	19	31.7
		30 - 35 years	11	18.3
		> 35 years	30	50
2	Type of relationship to the child	Father	10	16.7
		Mother	44	73.3
		Guardian	6	10
3	Religion	Hindu	39	65
		Christian	16	26.7
		Muslim	5	8.3
4	Area of residence	Urban	45	75
		Rural	15	25

5	Education status	Primary education	19	31.7
		Higher secondary	24	40
		Graduate	13	21.6
		No formal education	4	6.7
6	Occupation	Government	8	13.3
		Private employee	14	23.3
		Home maker	34	56.7
		Daily wages/ cooly	4	6.7
7	Monthly income	Below Rs.3000	15	25
		Rs.3001-6000	30	50
		Rs.6001-9000	15	25
8	Type of marriage	Consanguineous marriage	21	35
		Nonconsanguineous marriage	39	65
9	Type of family	Nuclear family	40	66.7
		Joint family	20	33.3
10	Number of healthy children	One	34	56.7
		Two	12	20
		Three	4	6.6
		Nil	10	16.7

Table 4.1 Shows the frequency of demographic variables of caregivers of intellectual disability children.

- Among the care givers of age 25-30 years belongs to (31.7%), 30-35 years belong to(18.3%) and over 35 years were belongs to the age group of above 35 years.
- Regarding the type of relationship to the child, most of them were (73.3%) mothers, 16.7% were fathers and 10% were guardian.
- Regarding the religion wise majority of them were Hindu (65%) and 26.7% were Christian, 8.3% were Muslim.
- About the residence most of them (75%) were stayed in urban area and 25% were resides in rural area.

- Regarding the educational status (40%) has completed higher secondary education, 31% completed primary education, 21.6% completed graduation, and least of (6.7%) belongs to no formal education.
- Half of the Care givers (56.7%) were home maker, (23.3%) were working in private concern,(13.3%) were working in government concern,(6.7%) were daily coolly workers.
- Among the care givers half of them (50%) are getting the income of 3000-6000 per month and half of them are equal proportion in other category.
- Most of the care givers (65%) got non consanguineous marriage, (35%) got consanguineous marriage.
- According to the type of family most of them (66.7%) are from nuclear family, 33.3% are from joint family.
- Half of the care givers have only(56%) have one healthy children

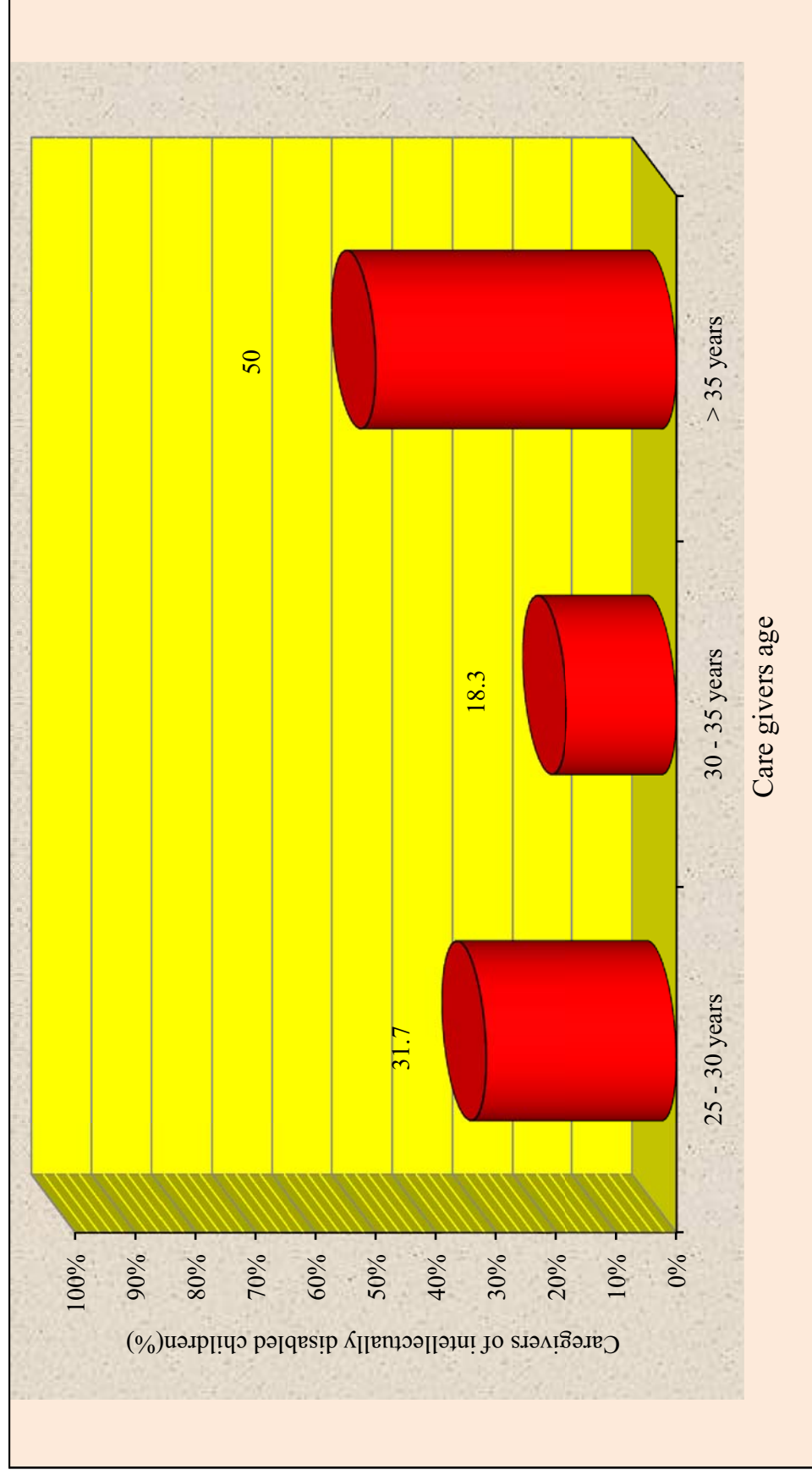


Fig 4.1: Age wise distribution of care givers of intellectually disabled children.

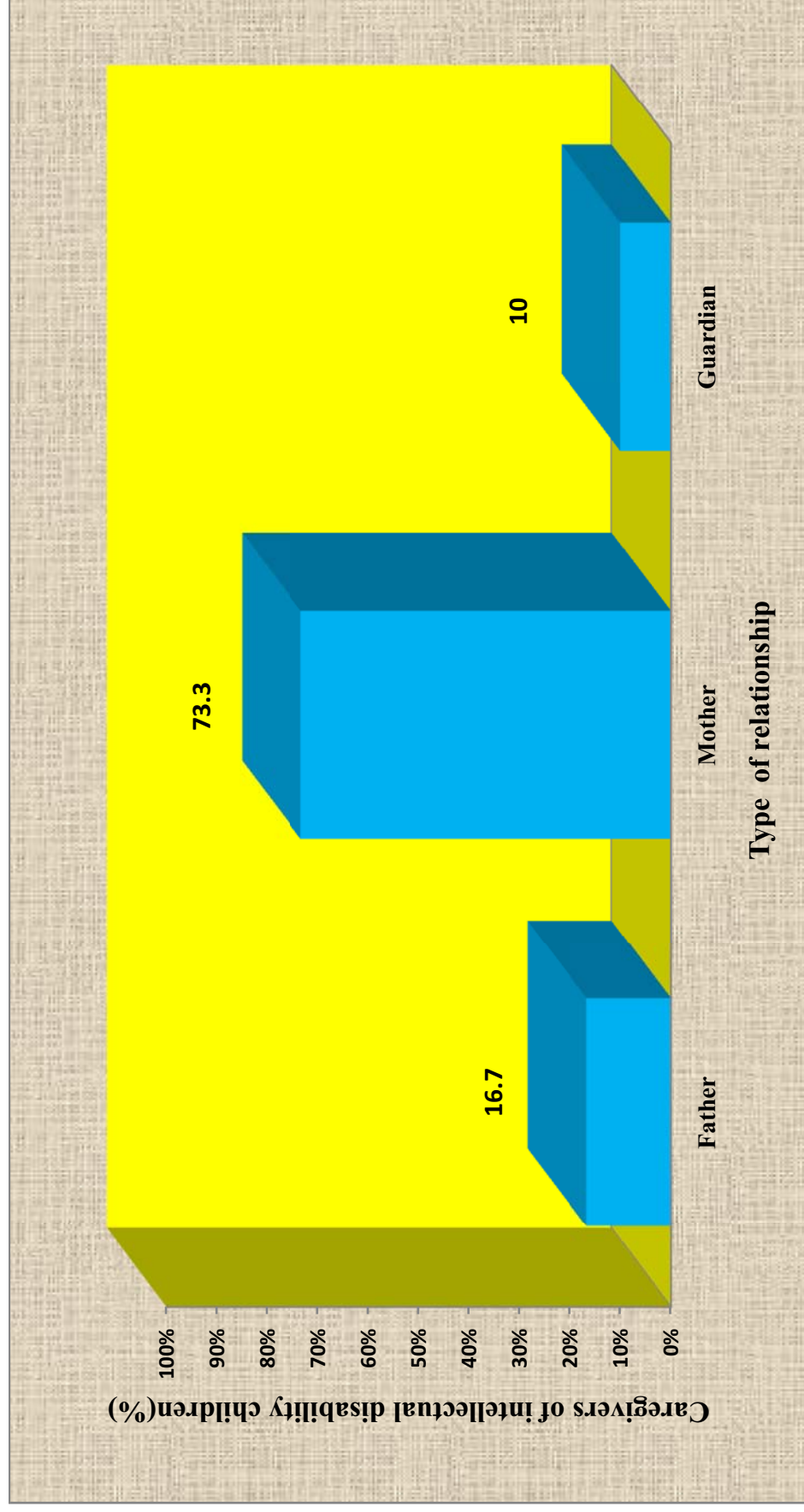


Fig 4.2: Type of relationship of care givers with intellectually disabled child.

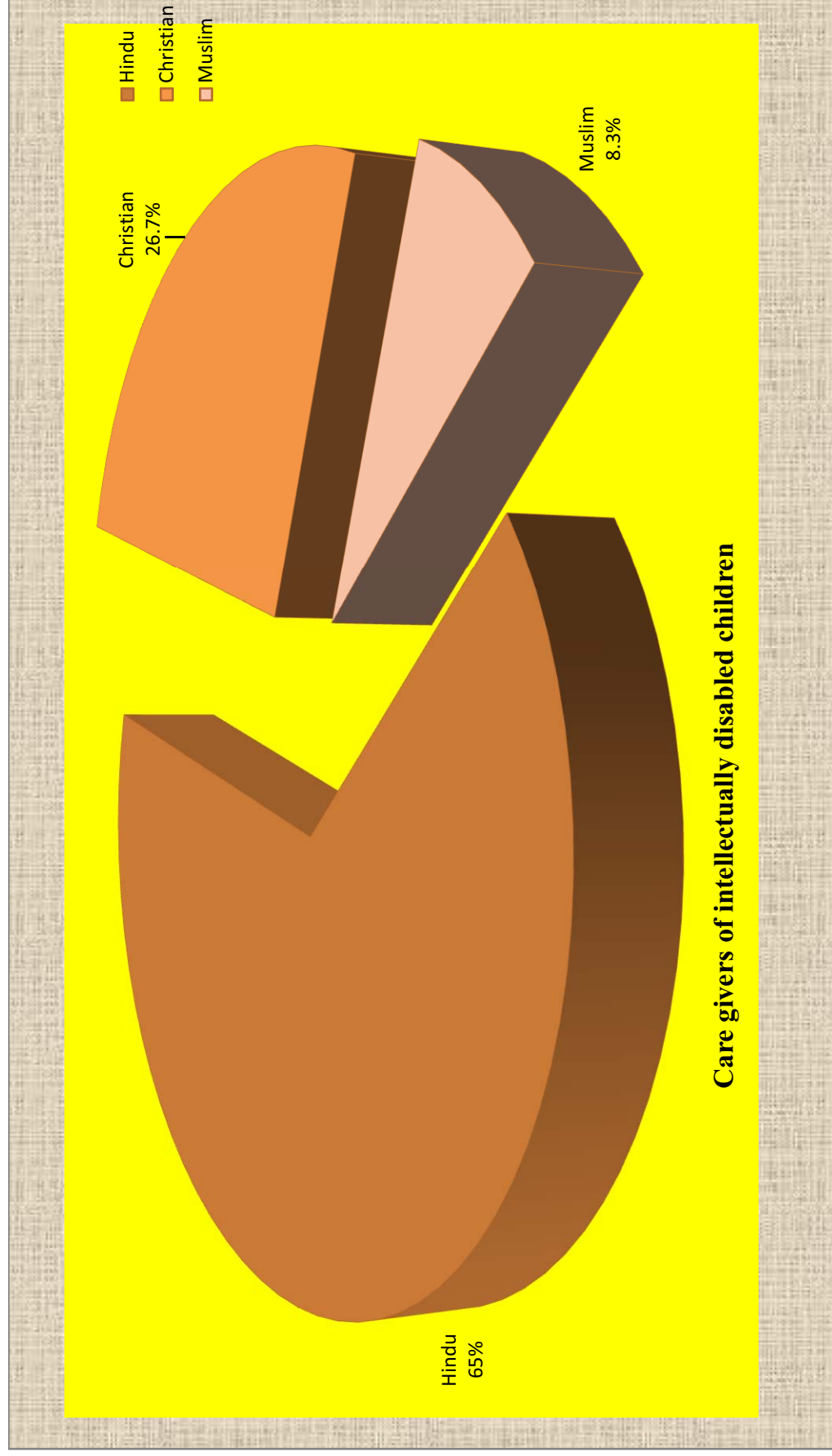


Fig 4.3: Distribution of care givers of intellectually disabled children in religion wise

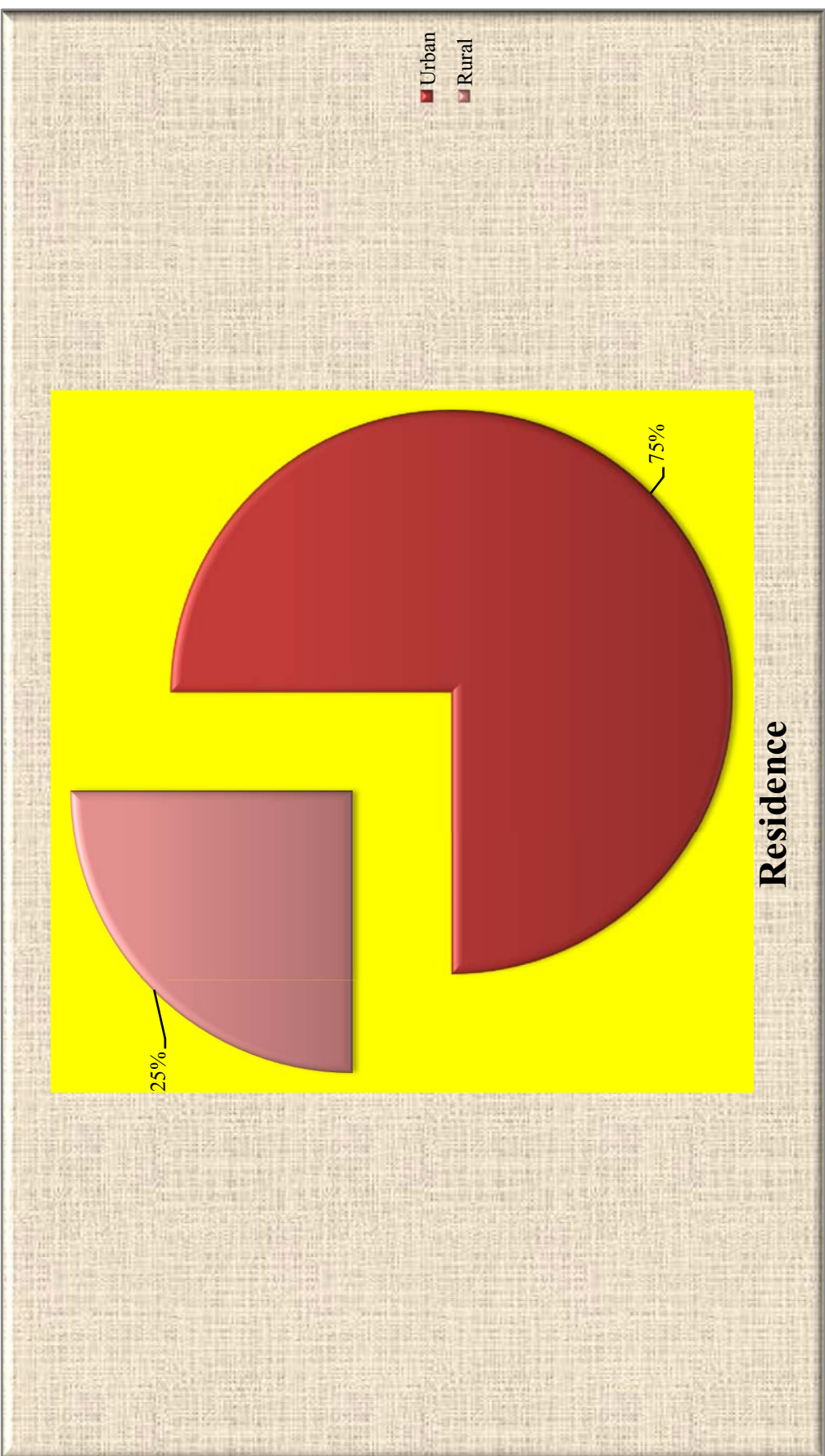


Fig 4.4: Area of residence of care givers

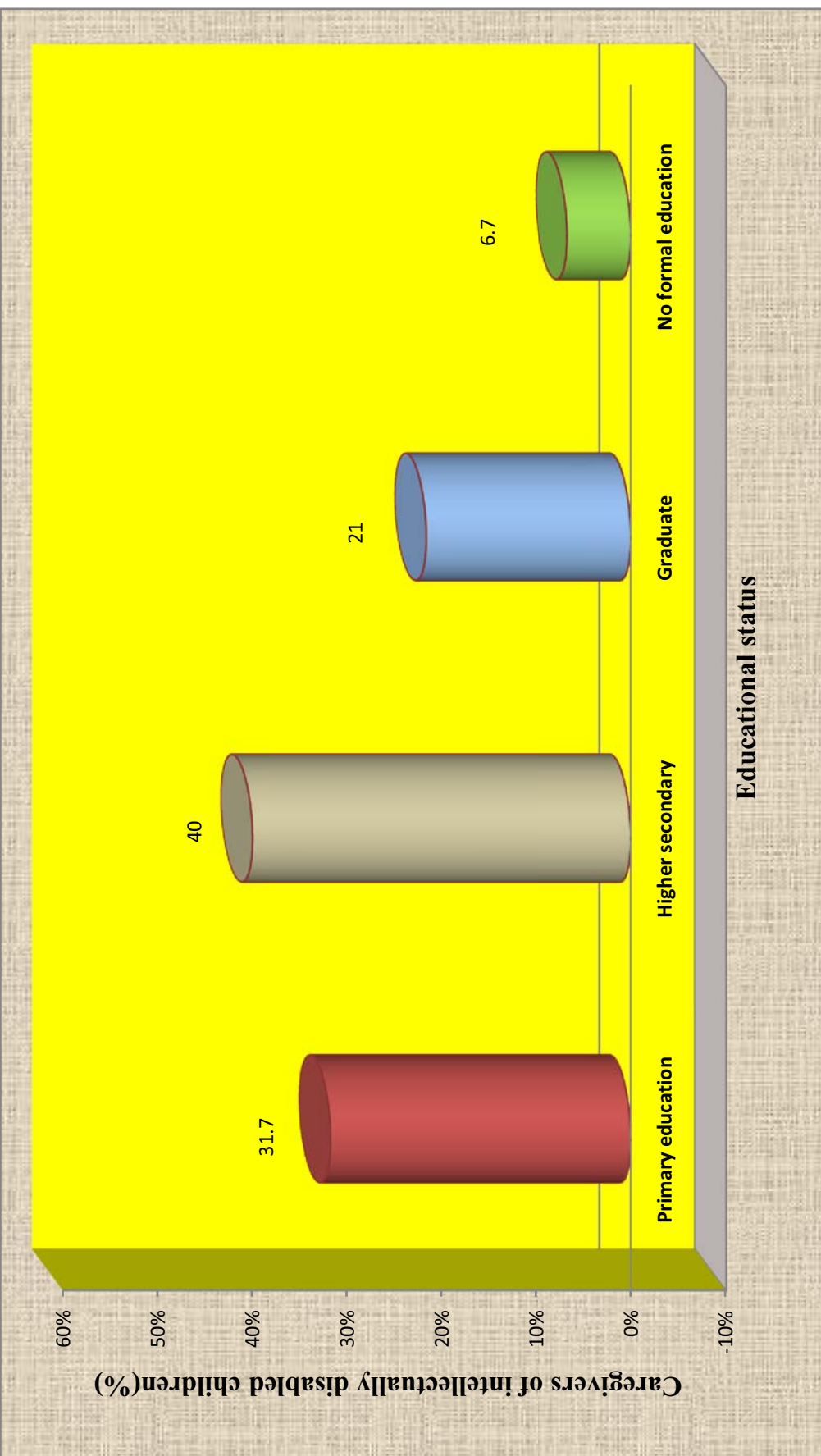


Fig 4.5: Distribution of educational status of the care givers.

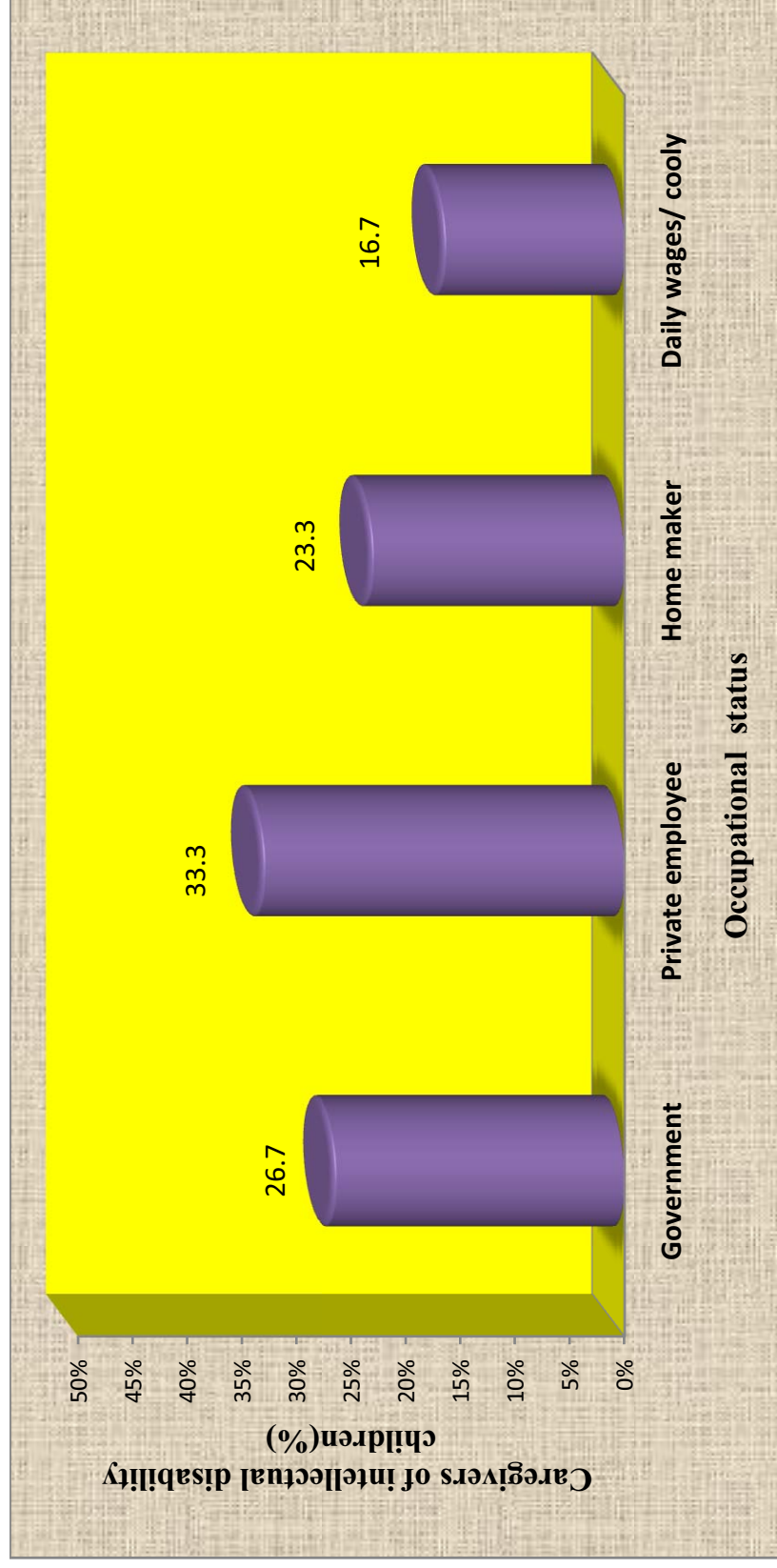


Fig 4.6: Distribution of occupational status among the care givers

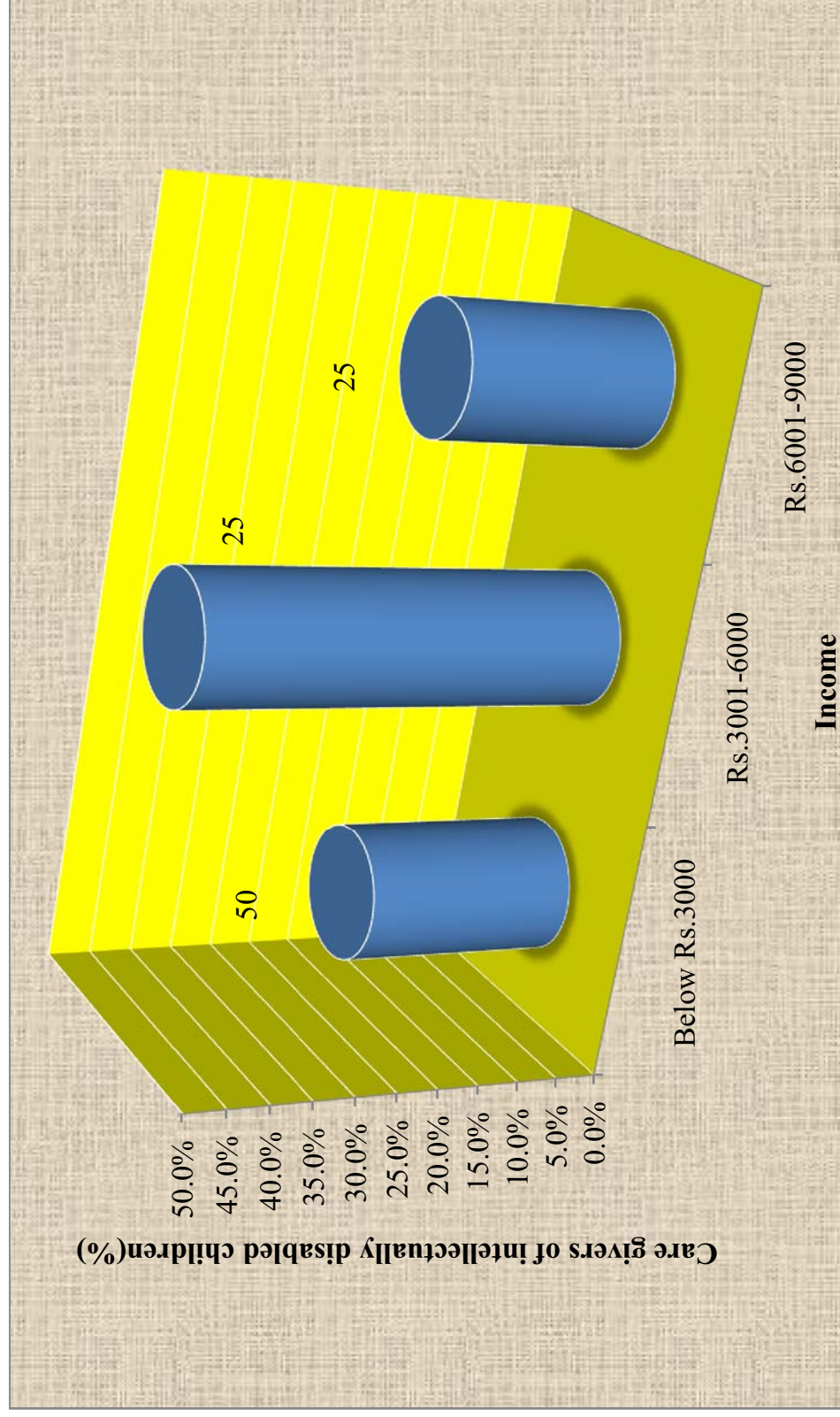


Fig 4.7: Income of care givers.

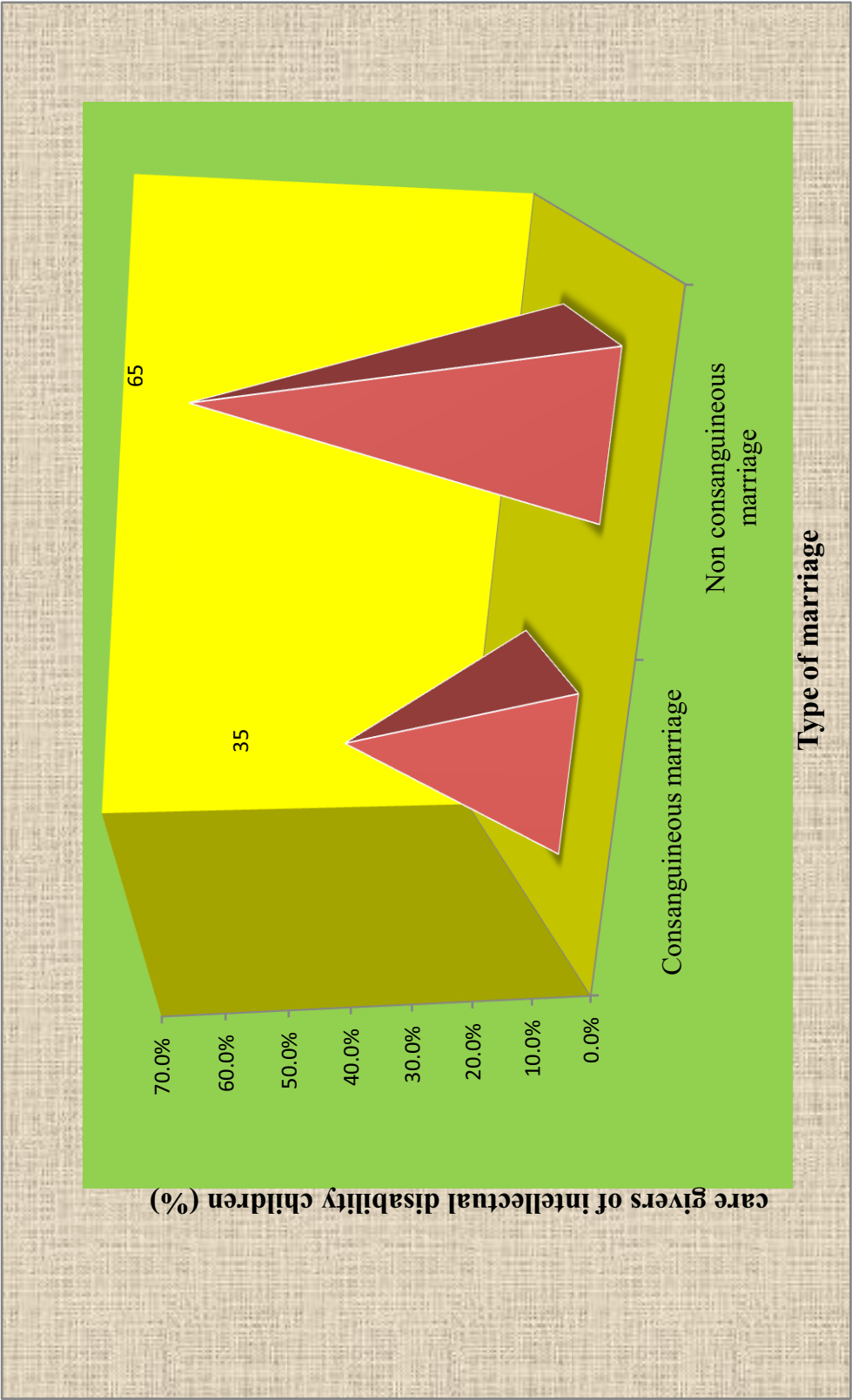


Fig 4.8: Type of marriage of care givers

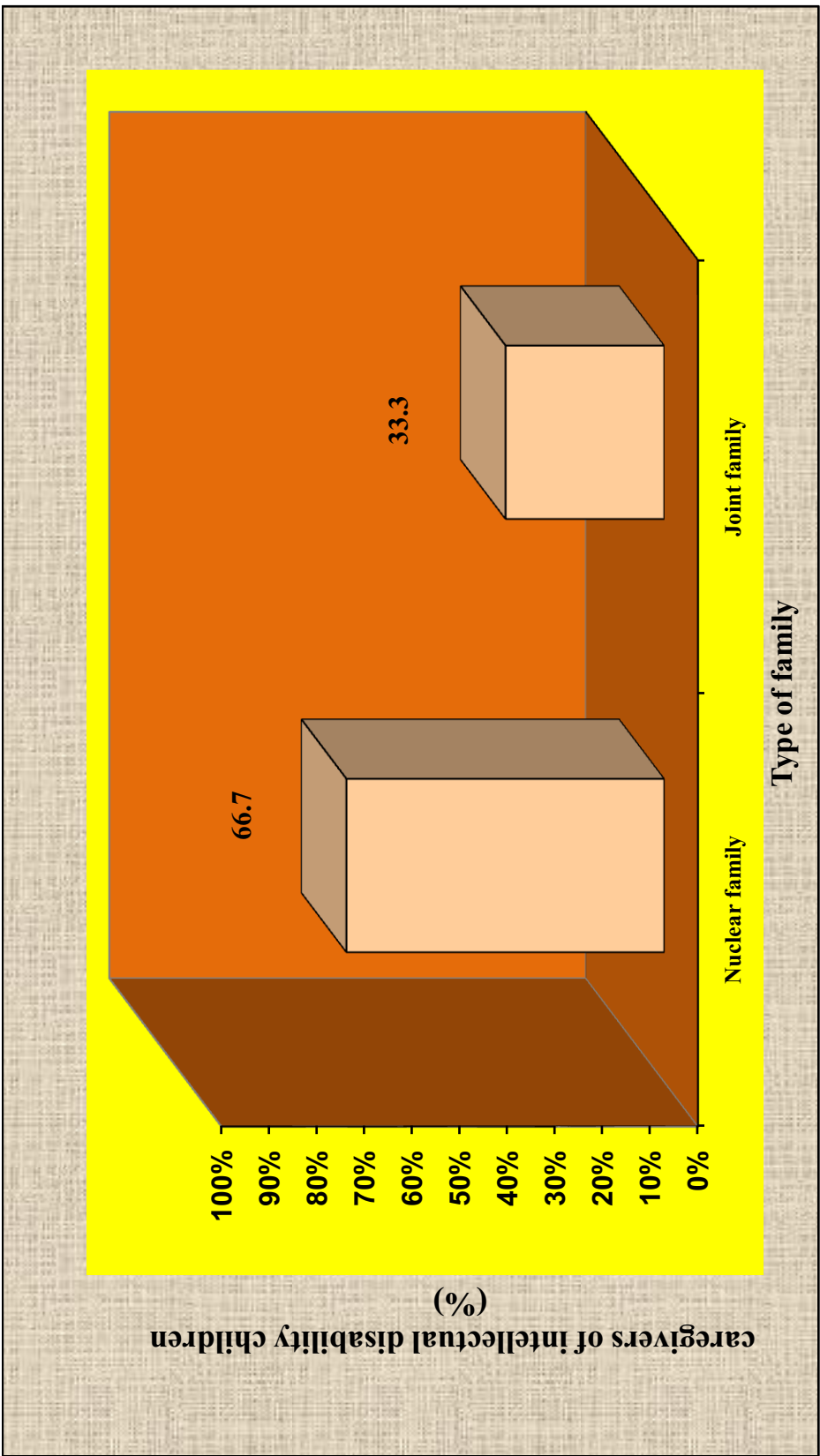


Fig 4.9: Type of family of care givers

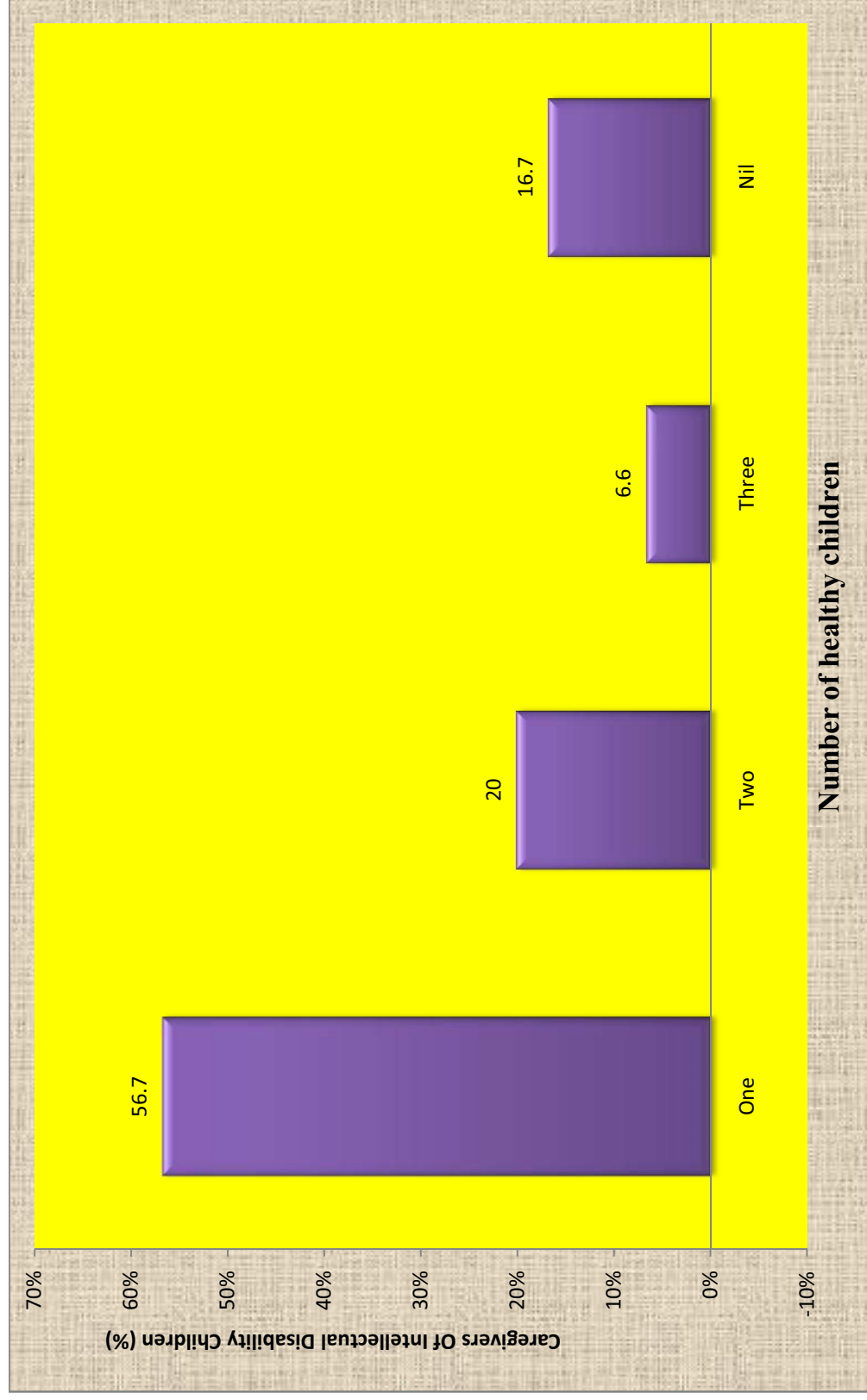


Fig 4.10: Distribution of number of healthy children in care givers family

Section II- pre test levels of self care ability score

Table4.2: Shows the pre test percentage of self care score in domain wise

S.No	Domain	Number of questions	Min –Max score	Mean	SD	% of mean score
1	Eating	4	4 -16	6.45	2.23	40.3
2	Toileting	4	4 -16	7.92	2.95	49.5
3	Brushing	4	4 -16	8.82	3.05	55.1
4	Bathing	4	4 -16	8.40	3.09	52.5
5	Dressing	5	5 -20	11.13	3.14	55.7
6	Grooming	4	4 -16	9.87	2.23	61.7
	Overall	25	25 -100	52.59	10.40	52.6

Table 4.2 shows each domain wise assessment of self care abilities score before implementing psycho education module on promoting self care abilities of children, among caregivers of intellectually disabled children.

Self care abilities of children in grooming aspect is 61.7%, dressing and brushing aspect is 55%, whereas in bathing is 52.5% and in toileting is 49.5%, eating aspect is 40.3%.

Table 4.3 shows the pretest domain wise self care abilities score of intellectually disabled children

s.no	Domain score	Totally dependent		Partially dependent		Clueing		Totally independent	
		n	%	n	%	n	%	n	%
1	Eating	0	0.0	34	56.7	26	43.3	0	0.0
2	Toileting	0	0.0	32	53.3	28	46.7	0	0.0
3	Brushing	0	0.0	32	53.3	28	46.7	0	0.0
4	Bathing	0	0.0	25	41.7	35	58.3	0	0.0
5	Dressing	0	0.0	25	41.7	35	58.3	0	0.0
6	Grooming	0	0.0	20	33.3	40	66.7	0	0.0
	Overall	0	0.0	28	46.7	32	53.3	0	0.0

Table 4.4 shows the pretest level wise percentage of self care abilities score

Level	No. of caregivers	%
Totally dependent	0	0
Partially dependent	28	46.7
Clueing	32	53.3
Totally independent	0	0
Total	60	100

Table 4.4 shows pre test level of self care abilities of the intellectually disabled children before implementing psycho education module. In general none of the caregivers are having totally dependent score and totally independent score. About 46.7% of them are having partially dependent score and 53.3% of them are having clueing score.

SCORE INTERPRETATION

Minimum score = 1 Maximum score =4 Questions= 25 Total score=100

S no.	Grade	score	%
1.	Totally dependent	1 - 25	1-25
2.	Partially dependent	26 - 50	26-50
3.	Clueing	51 - 75	51-75
4	Totally independent	76 -100	76 – 100

SCORE DETAILS:

- 1) Totally independent: 4
- 2) Clueing: 3
- 3) Partly dependent: 2
- 4) Totally dependent

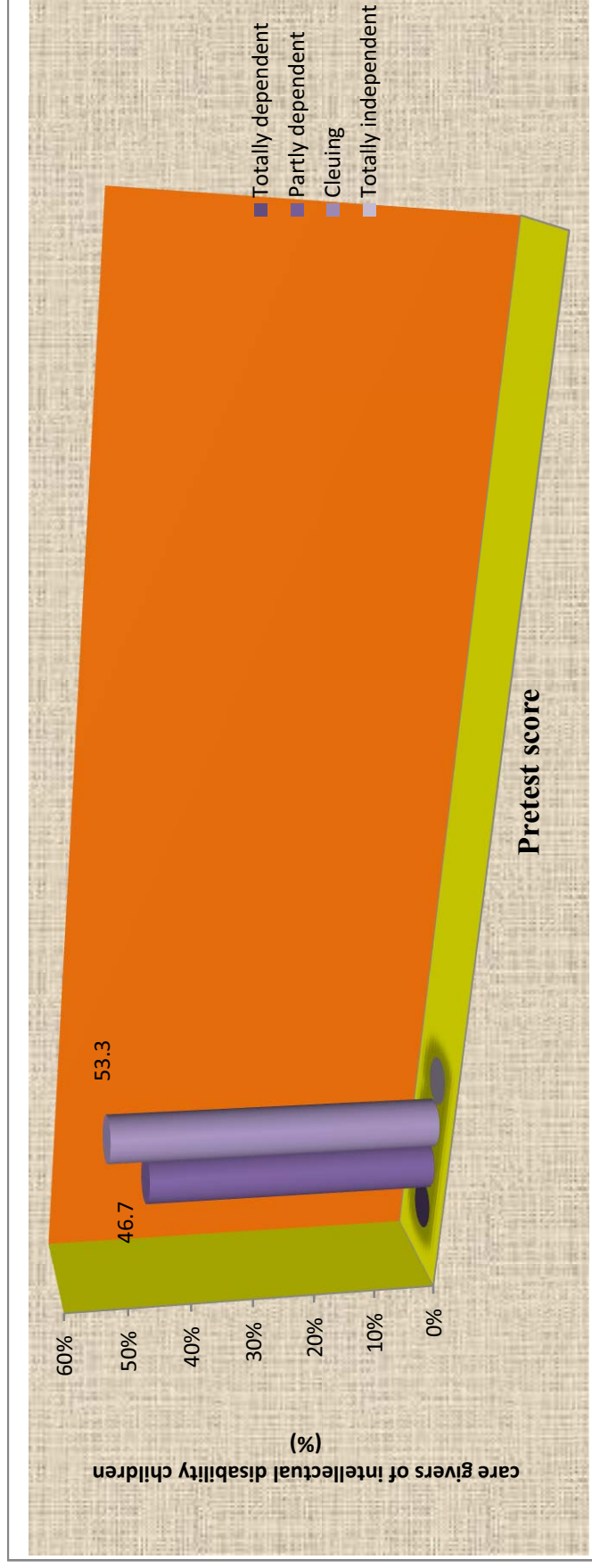


Fig 4.11: Pre test score of self care abilities of intellectually disabled children.

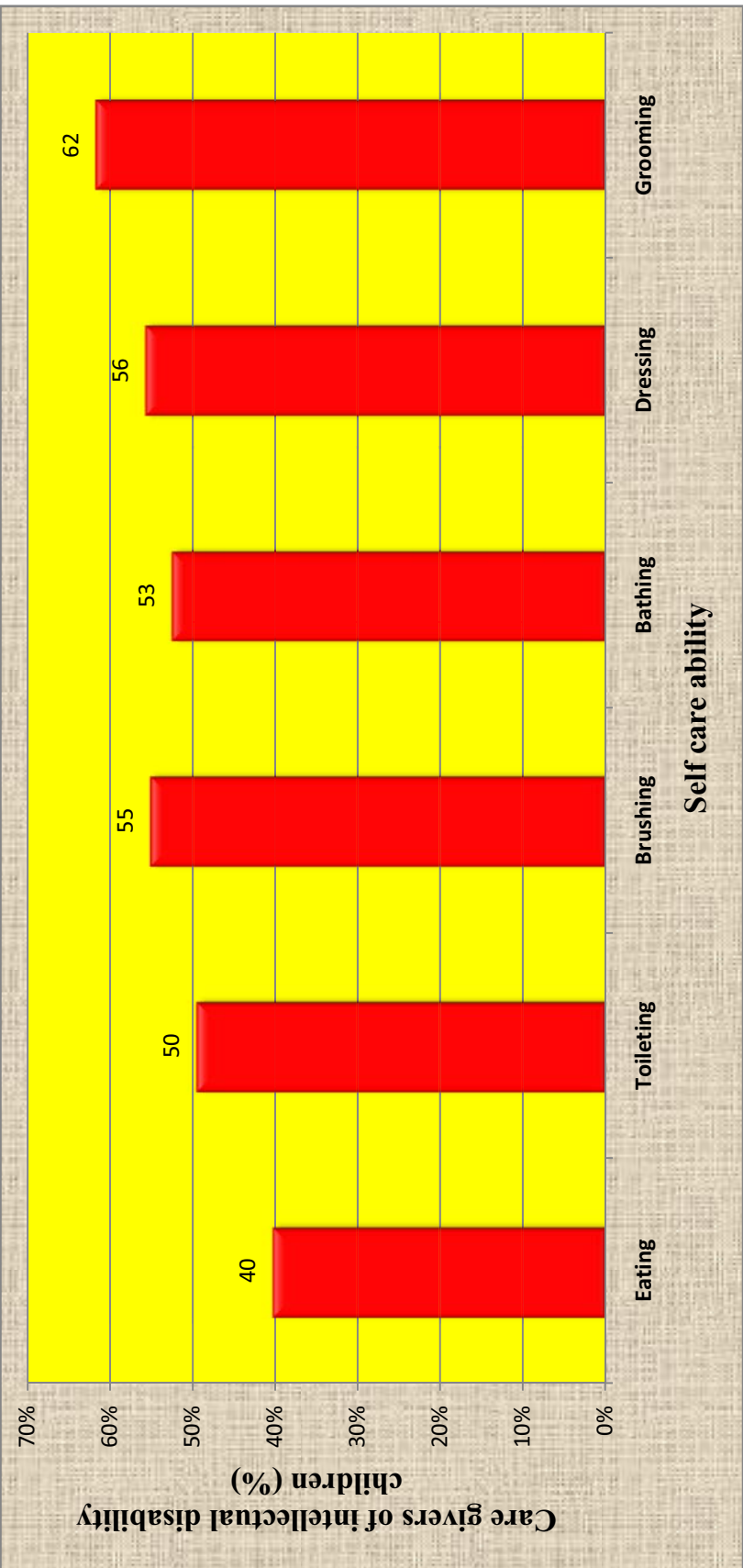


Fig 4.12: Pre test domain wise score of self care ability

SECTION III : post test score on self care abilities of intellectually disabled children

Table 4.5 shows the post test score on self care abilities of intellectually disabled children.

S.no	DOMAINS	Number of questions	Min –Max score	Mean	SD	% of mean score
1	Eating	4	4 -16	11.50	2.21	71.9
2	Toileting	4	4 -16	12.07	2.83	75.4
3	Brushing	4	4 -16	12.98	2.86	81.1
4	Bathing	4	4 -16	11.63	2.98	72.7
5	Dressing	5	5 -20	15.45	3.30	77
6	Grooming	4	4 -16	13.17	2.11	82.3
	Overall	25	25 -100	76.80	9.66	76.8

Table 4.5 shows each domain wise assessment of self care abilities score after implementing psycho education on promoting self care abilities of children, among caregivers of intellectually disabled children. The scores of intellectual disability in grooming aspect is (82.3%), in brushing aspect is (81%), in dressing aspect is (77.3%), whereas the least score in eating aspect is (71.9%). Overall they are having 76.8% of score.

Table 4.6 shows the post test domain wise percentage of self care abilities score

S.no	Domain score	Totally dependent		Partially dependent		Clueing		Totally independent	
		n	%	n	%	n	%	n	%
1	Eating	0	0	0	0	40	66.7	20	33.3
2	Toileting	0	0	0	0	36	60	24	40
3	Brushing	0	0	0	0	30	53.3	30	46.7
4	Bathing	0	0	0	0	39	65	21	35
5	Dressing	0	0	0	0	36	56.7	24	43.3
6	Grooming	0	0	0	0	29	48.3	31	51.7
	Overall	0	0	0	0	35	58.3	25	41.7

n- Number of frequencies

Table 4.7 shows the post test level wise percentage of self care abilities score

S.no	Level	No. of caregivers	%
1	Totally dependent	0	0
2	Partially dependent	0	0
3	Clueing	35	58.3
4	Totally independent	25	41.7
	Total	60	100

Tab 4.7 Shows post test level self care abilities of the intellectually disabled children after implementing psycho education to the caregivers, 58.3% of them are having clueing score and 41.7% of them are having independent score.

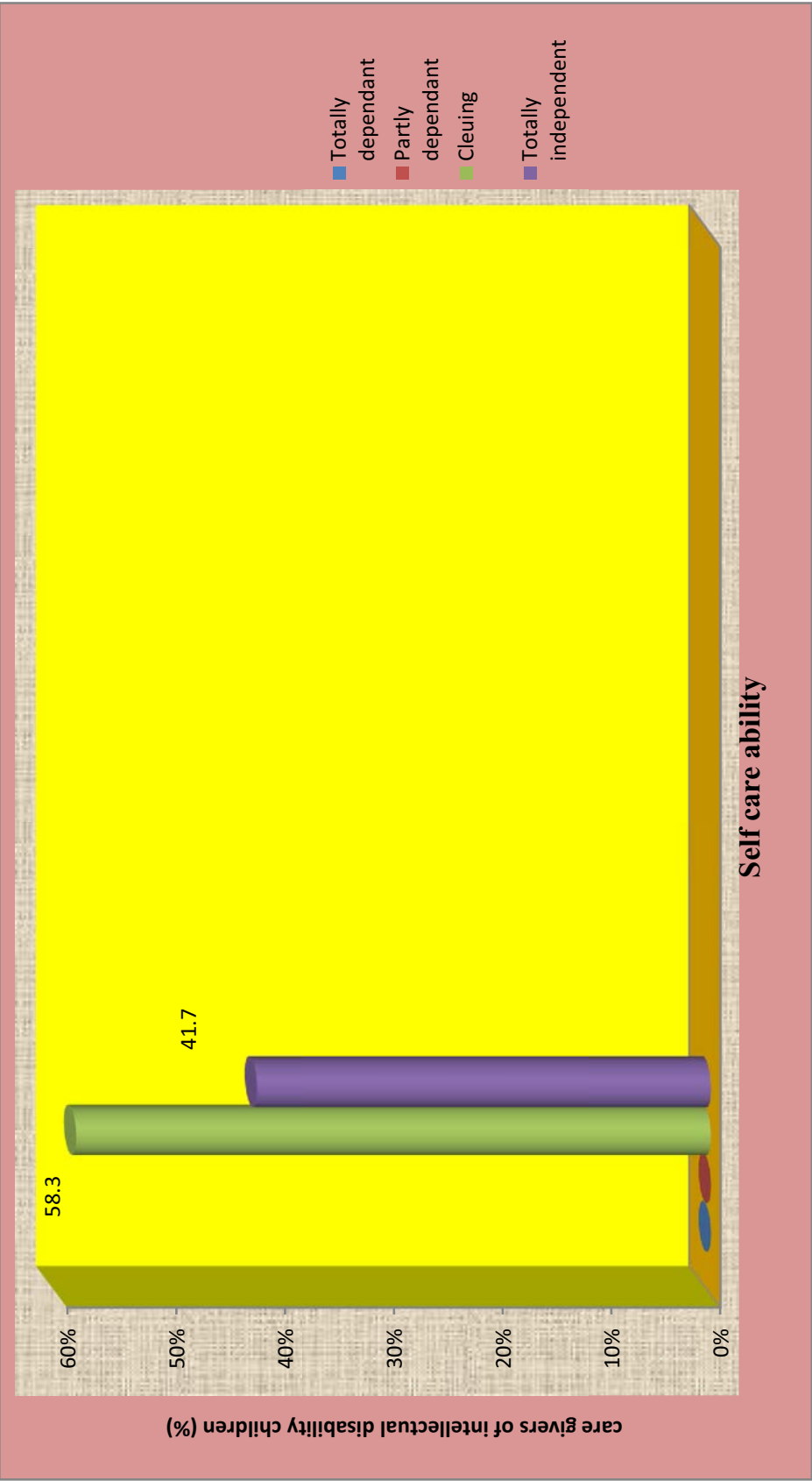


Fig 4.13: Post test level wise score of self care ability.



Fig 4.14: Post test domain wise self care ability score of intellectually disabled children

Section IV-Effectiveness of psycho education

Table 4.8: comparison of self care abilities score of intellectually disabled children

s.no	Domains	self care abilities score				Mean Difference	Student's paired t-test
		Pretest		Posttest			
		Mean	SD	Mean	SD		
1	Eating	6.45	2.23	11.50	2.21	5.05	t=31.51, P=0.001***
2	Toileting	7.92	2.95	12.07	2.83	4.15	t=39.21, P=0.001***
3	Brushing	8.82	3.05	12.98	2.86	4.16	t=35.65, P=0.001***
4	Bathing	8.40	3.09	11.63	2.98	3.23	t=22.87, P=0.001***
5	Dressing	11.13	3.14	15.45	3.30	4.32	t=23.95, P=0.001***
6	Grooming	9.87	2.23	13.17	2.11	3.30	t=19.97, P=0.001***
	Overall	52.59	10.40	76.80	9.66	24.21	t=69.47, P=0.001***

* Significant at $P \leq 0.05$ ** highly significant at $P \leq 0.01$ *** very high significant at $P \leq 0.001$

Table no.4.8 shows the comparison of pre test and post test mean score.

Considering *eating* aspects, in pretest, care givers are having 6.45 score where as in post test they are having 11.50 score, so the difference is 5.05. This difference between pre test and post test is large and it is statistically significant.

Considering *toileting* aspects, in pre test, care givers are having 7.92 score where as in post test they are having 12.07 score, so the difference is 4.15. This difference between pretest and post test is large and it is statistically significant.

Considering *brushing* aspects, in pre test, care givers are having 8.82 score where as in post test they are having 12.98 score, so the difference is 4.16. This difference between pretest and posttest is large and it is statistically significant.

Considering *bathing* aspects, in pretest, care givers are having 8.40 score where as in post test they are having 11.63 score, so the difference is 3.23. This difference between pre test and post test is large and it is statistically significant.

Considering *dresssing* aspects, in pre test, care givers are having 11.13 score where as in post test they are having 15.45 score, so the difference is 4.32. This difference between pretest and post test is large and it is statistically significant.

Considering *grooming* aspects, in pretest, care givers are having 9.87 score where as in post test they are having 13.17 score, so the difference is 3.3. This difference between pretest and post test is large and it is statistically significant.

Statistical significance was calculated by using student's paired 't' test.

Table 4.9 shows the comparison of overall pretest and post test score

	Number of care givers	Mean \pm SD	Mean Difference	Student's paired t-test
Pretest	60	52.59 \pm 10.40	24.21	t=69.47
posttest	60	76.80 \pm 9.66		P=0.001***

* significant at $P \leq 0.05$ ** highly significant at $P \leq 0.01$ *** very high significant at $P \leq 0.001$

*Table no4.9 shows the comparison of overall self care abilities score between pretest and posttest. In pretest, care givers are having 52.59 score where as in posttest they are having 76.80 score, so the difference is 24.21. This difference between pretest and posttest is large and it is statistically significant. Differences between pretest and posttest score was analyzed using *paired t-test*.*

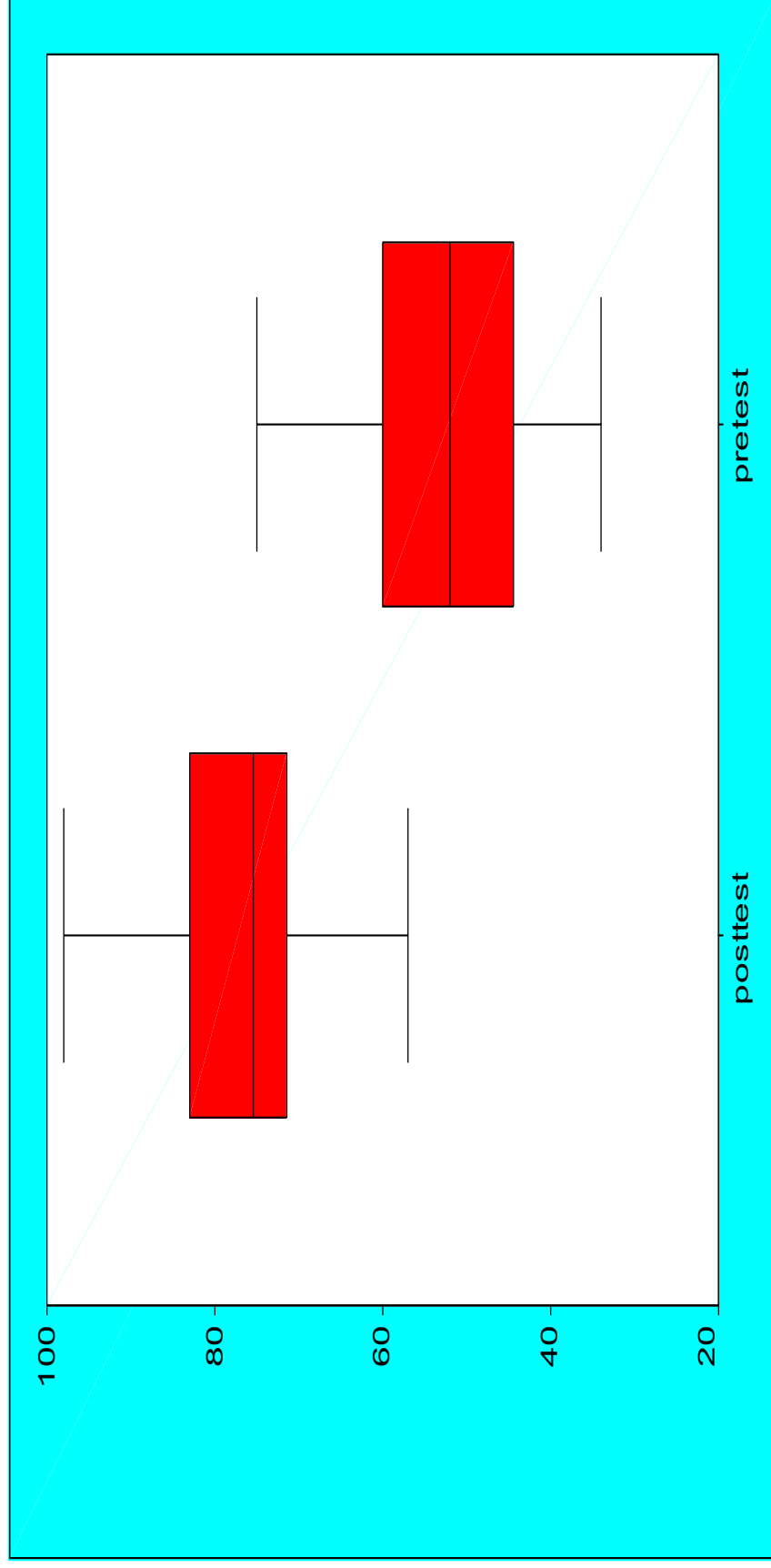


Fig 4.15: Box-plot shows the comparison of pretest and posttest self care abilities score among caregivers of intellectual disability children.

Table 4.10 shows the comparison of pretest and posttest score

S.no	Level of self care abilities	Pretest		Posttest		Chi square test
		Number of children	%	Number of children	%	
1	Totally dependent	0	0	0	0	$\chi^2=53.13$ P=0.001***
2	Partially dependent	28	46.7	0	0	
3	Clueing	32	53.3	35	58.3	
4	Totally independent	0	0	25	41.7	
	Total	60	100	60	100	

* Significant at $P \leq 0.05$ ** highly significant at $P \leq 0.01$ *** very high significant at $P \leq 0.001$

Table no 4.10 shows the pretest and posttest level of score .Before ***psycho education module***, none of the caregivers are having totally dependent score,46.7% of them are having partially dependent score and 53.3% of them are having clueing score.

After the ***psycho education module*** , none of the caregivers are having totally dependent score, none of them are having partially dependent, 58.3% of them are having clueing score and 41.7% of them are having totally independent score.

Chi-square test was used to test the statistical significance.

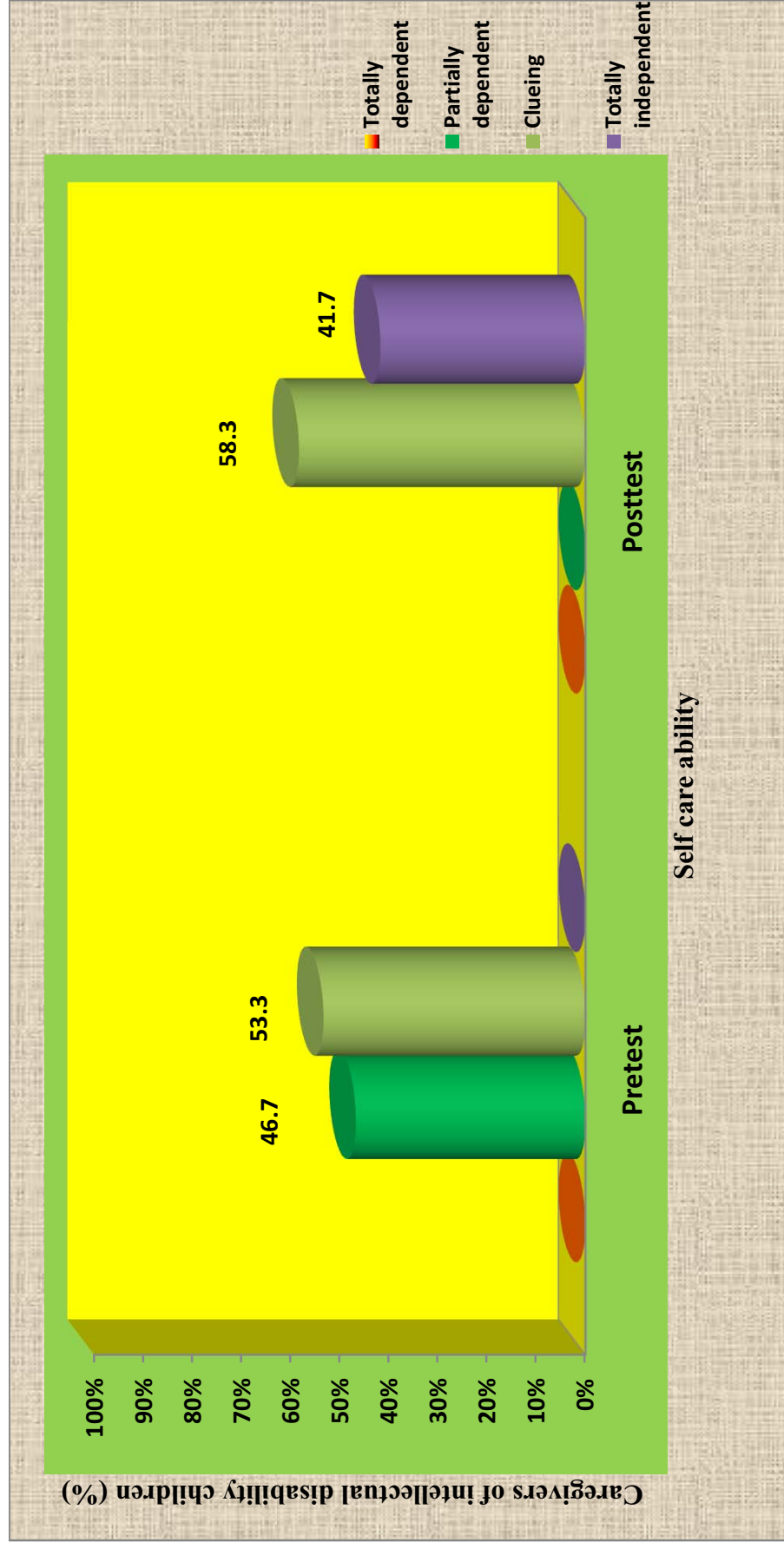


Fig 4.16 Shows the comparison of pre test and post test level wise self care ability score

Table 4.11:Percentage Of Gain After Psycho Education Module

S.no	Domains	Pretest percentage	Posttest percentage	% of self care abilities gain score
1	Eating	40.3	71.9	31.6
2	Toileting	49.5	75.4	25.9
3	Brushing	55.1	81.1	26.0
4	Bathing	52.5	72.7	20.2
5	Dressing	55.7	77.3	21.6
6	Grooming	61.7	82.3	20.6
	Overall	52.6	76.8	24.2

Table 4.11 shows each domain wise self care abilities score gain. In eating aspects, children gained 31.6% of self care abilities score.

- In toileting aspect, children gained 25.9% of self care abilities score. In brushing aspect, children gained 26.0% of self care abilities score.
- In bathing aspect, children gained 20.2% of self care abilities score.
- In dressing aspect, children gained 21.6% of self care abilities score.
- In grooming aspect, children gained 20.6% of self care abilities score.
- Overall 24.2 % are gained their self care ability score after psycho education. It shows the effectiveness of psycho education module.

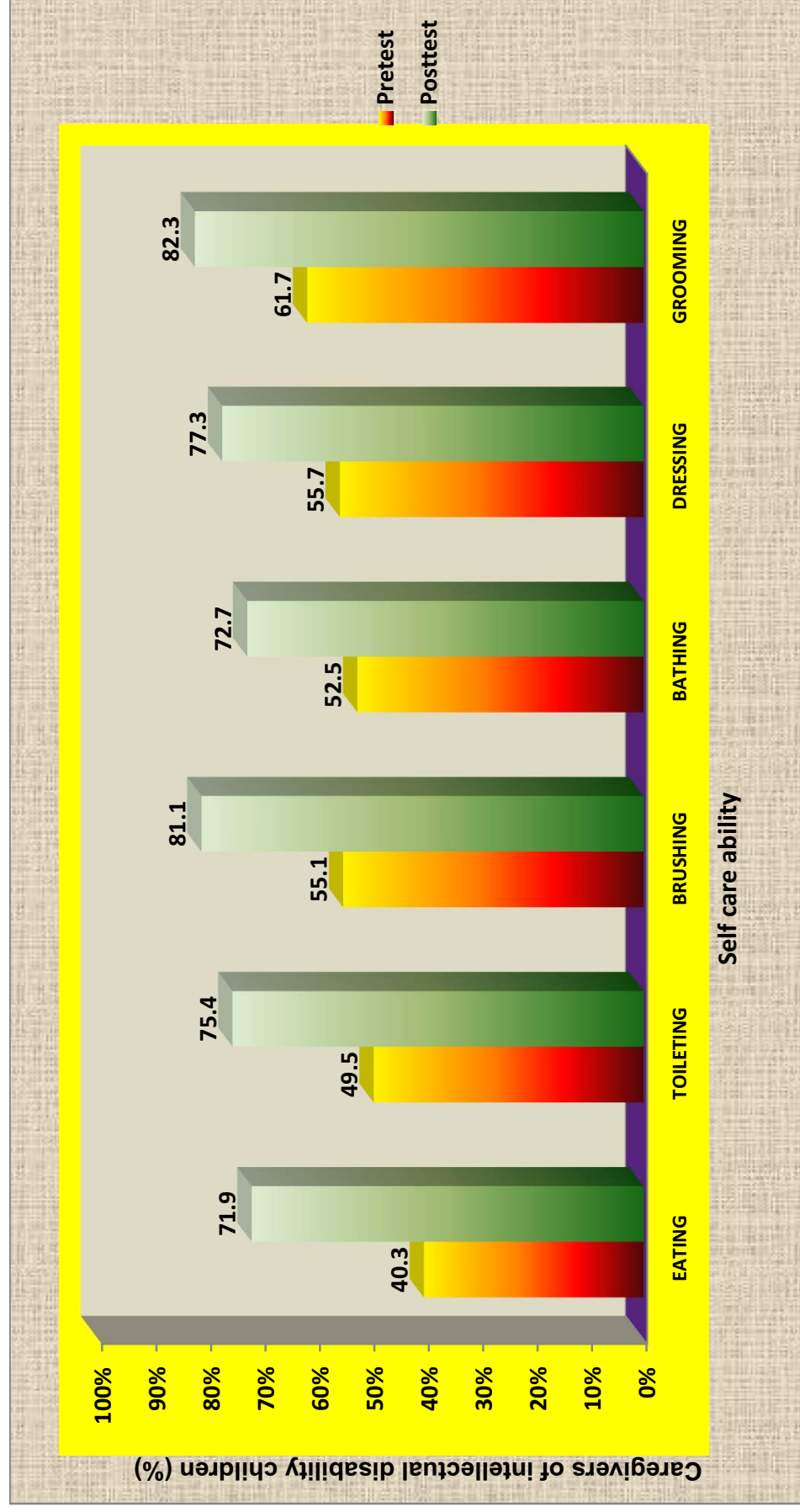


Fig 4.17 shows the comparison of domain wise pre test and post test self care ability score

Table 4.12: Effectiveness Psycho Education Module

	Max score	Mean self care ability score	Mean Difference in self care abilities score with 95% Confidence interval	Percentage of self care abilities gain score with 95% Confidence interval
Pretest	100	52.59	24.22(23.52 – 24.91)	24.2% (23.5% –24.9%)
Posttest	100	76.80		

Table no 4.12 Shows the comparison of overall self care abilities score between pretest and posttest. On an average, in posttest, children's are gained 24.2% of self care abilities score after implementing psycho education module to the care givers. Differences between pretest and posttest score was analyzed using percentage with 95% CI and mean difference with 95% CI.

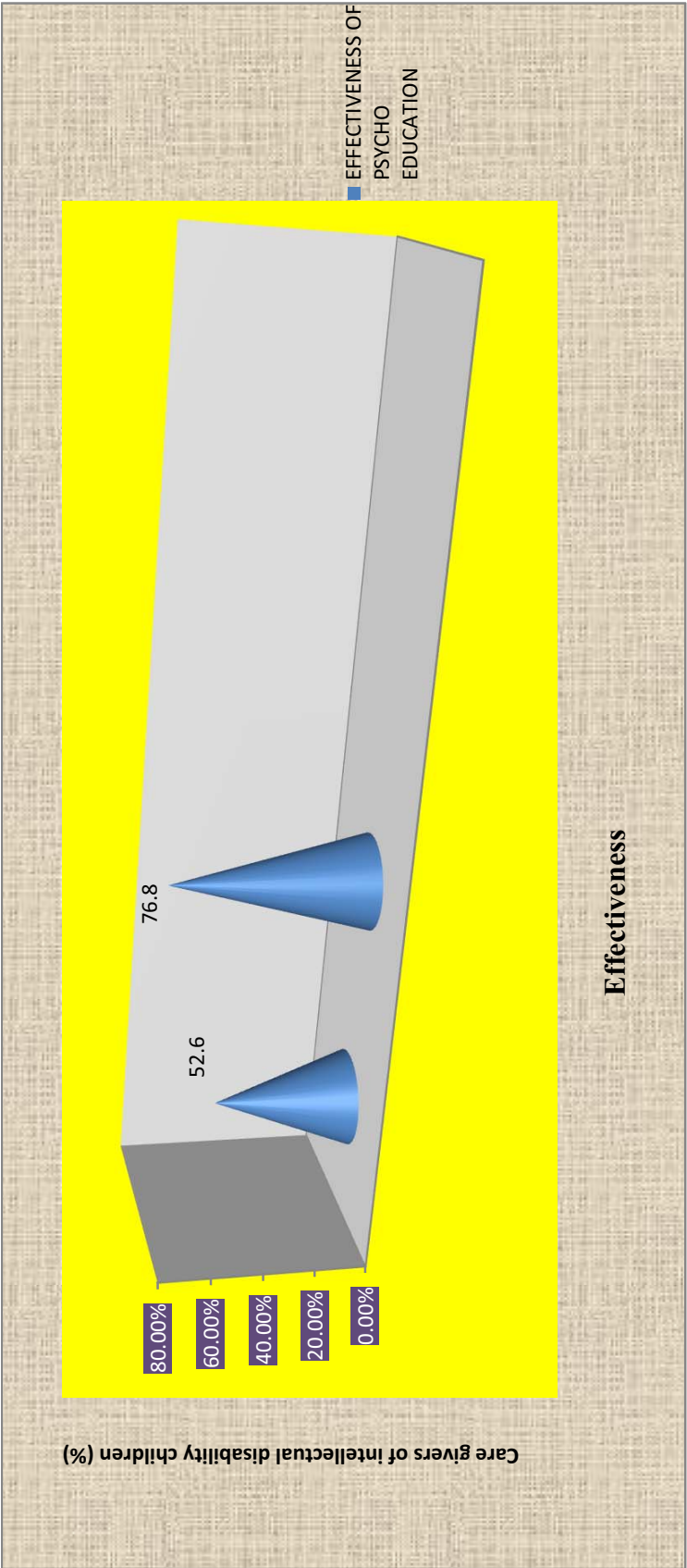


Fig 4.18: Effectiveness of psycho education

Table 4.13: Association between level of self care abilities gain score and caregivers demographic variables

S.no	Demographic variables		Level of self care abilities gain score				Total	Chi square test
			Below average(≤24.22)		Above average(>24.22)			
			n	%	n	%		
1	Age	25 - 30 years	14	73.7	5	26.3	19	$\chi^2=7.6$ $p=0.02^*$
		30 - 35 years	6	54.	5	45.5	11	
		> 35 years	10	33.3	20	66.7	30	
2	Type of relationship to the child	Father	6	60	4	40	10	$\chi^2=0.49$ $p=0.72$
		Mother	21	47.7	23	52.3	44	
		Guardian	3	50.0	3	50	6	
3	Religion	Hindu	18	46.2	21	53.8	39	$\chi^2=0.68$ $p=0.71$
		Christian	9	56.3	7	43.8	16	
		Muslim	3	60.	2	40.0	5	
4	Area of residence	Urban	19	42.2	26	57.8	45	$\chi^2=4.35$ $p=0.05^*$
		Rural	11	73.3	4	26.7	15	
5	Education status	Primary education	13	68.4	6	31.6	19	$\chi^2=7.59$ $p=0.05^*$
		Higher secondary	11	45.8	13	54.2	24	
		Graduate	3	23.1	10	76.9	13	
		No formal education	3	75	1	25	4	
6	Occupation	Government	3	37.5	5	62.5	8	$\chi^2=2.64$ $p=0.45$
		Private employee	9	64.3	5	35.7	14	
		Home maker	17	50	17	50	34	
		Daily wages/ cooly	1	25	3	75.	4	
7	Monthly income	Below Rs.3000	9	60	6	40.	15	$\chi^2=0.80$ $p=0.67$
		Rs.3001-6000	14	46.7	16	53.3	30	
		Rs.6001-9000	7	46.7	8	53.3	15	
8	Type of marriage	Consanguineous marriage	11	52.4	10	47.6	21	$\chi^2=0.08$ $p=0.78$
		Non consanguineous marriage	19	48.7	20	51.3	39	
9	Type of family	Nuclear family	23	57.5	17	42.5	40	$\chi^2=2.70$ $p=0.10$
		Joint family	7	35	13	65.	20	
10	Number of healthy children	One	19	55.9	15	44.1	34	$\chi^2=4.40$ $p=0.22$
		Two	7	58.3	5	41.7	12	
		Three	2	50	2	50	4	
		Nil	2	20	8	80	10	

* Significant at $P \leq 0.05$ ** highly significant at $P \leq 0.01$ *** very high significant at $P \leq 0.001$

Table 4.13 shows the association between levels of self care abilities gain scores with care givers demographic variables.

- Among age of the caregivers, elders got association with self care ability gain
- About the residence care givers resides in urban area got association with self care ability gain
- Regarding the educational status care givers has completed higher education got association with self care ability gain.

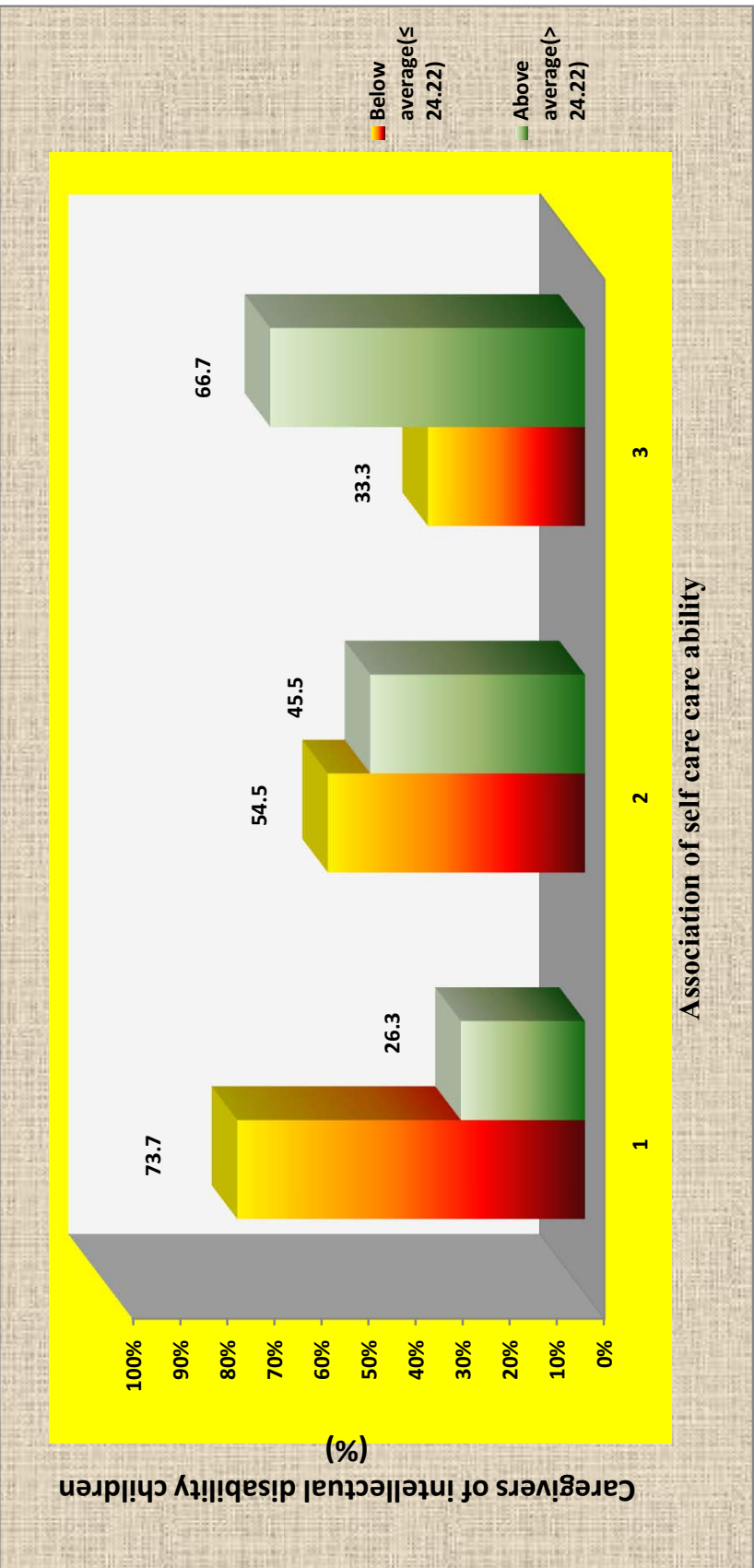


Figure 4.19: Association between the self care ability gain score and age of care givers
(1-(25-30 years), 2-(31-35 years), 3- more than 36 years)

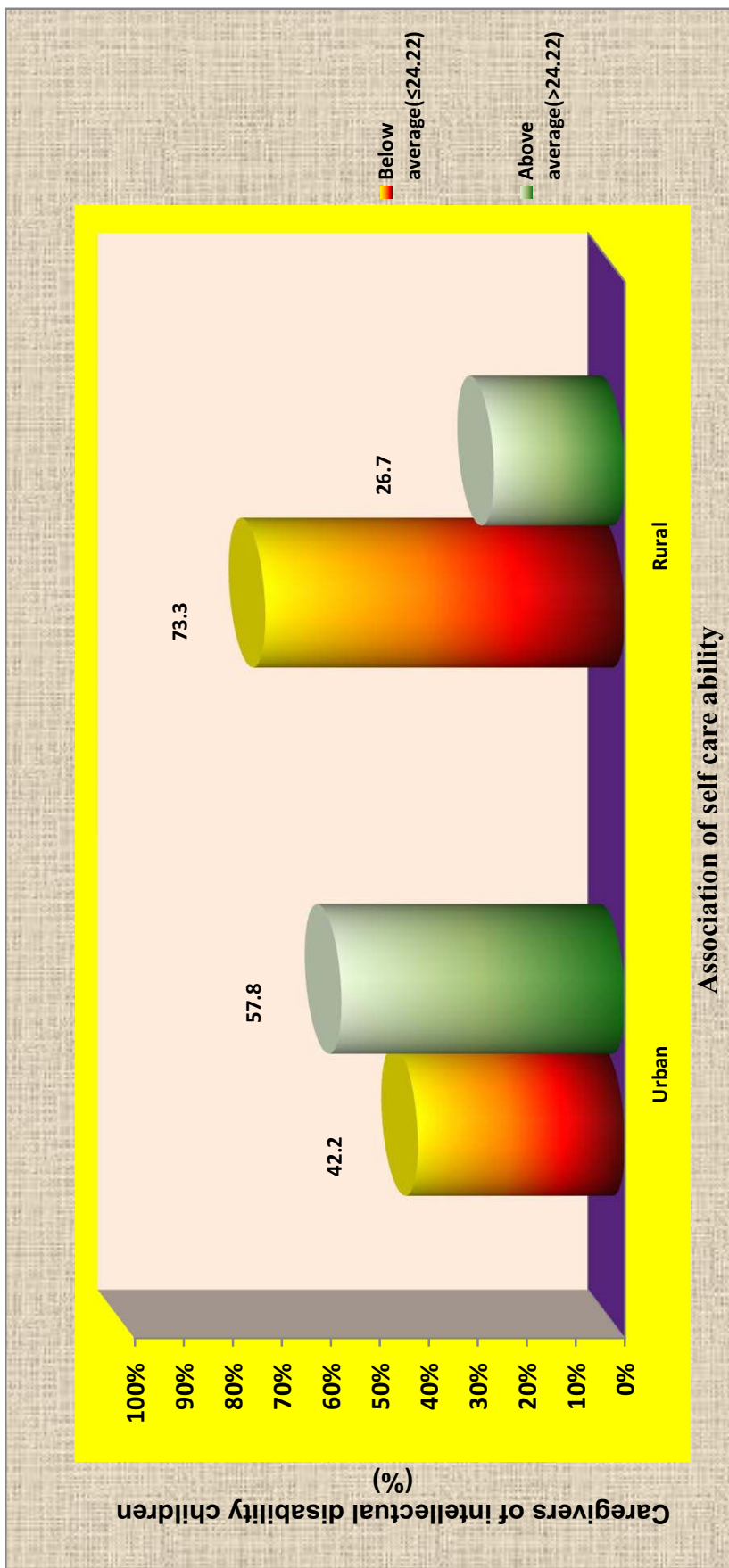


Fig 4.20 Association between level of self care ability gain score and place of residence

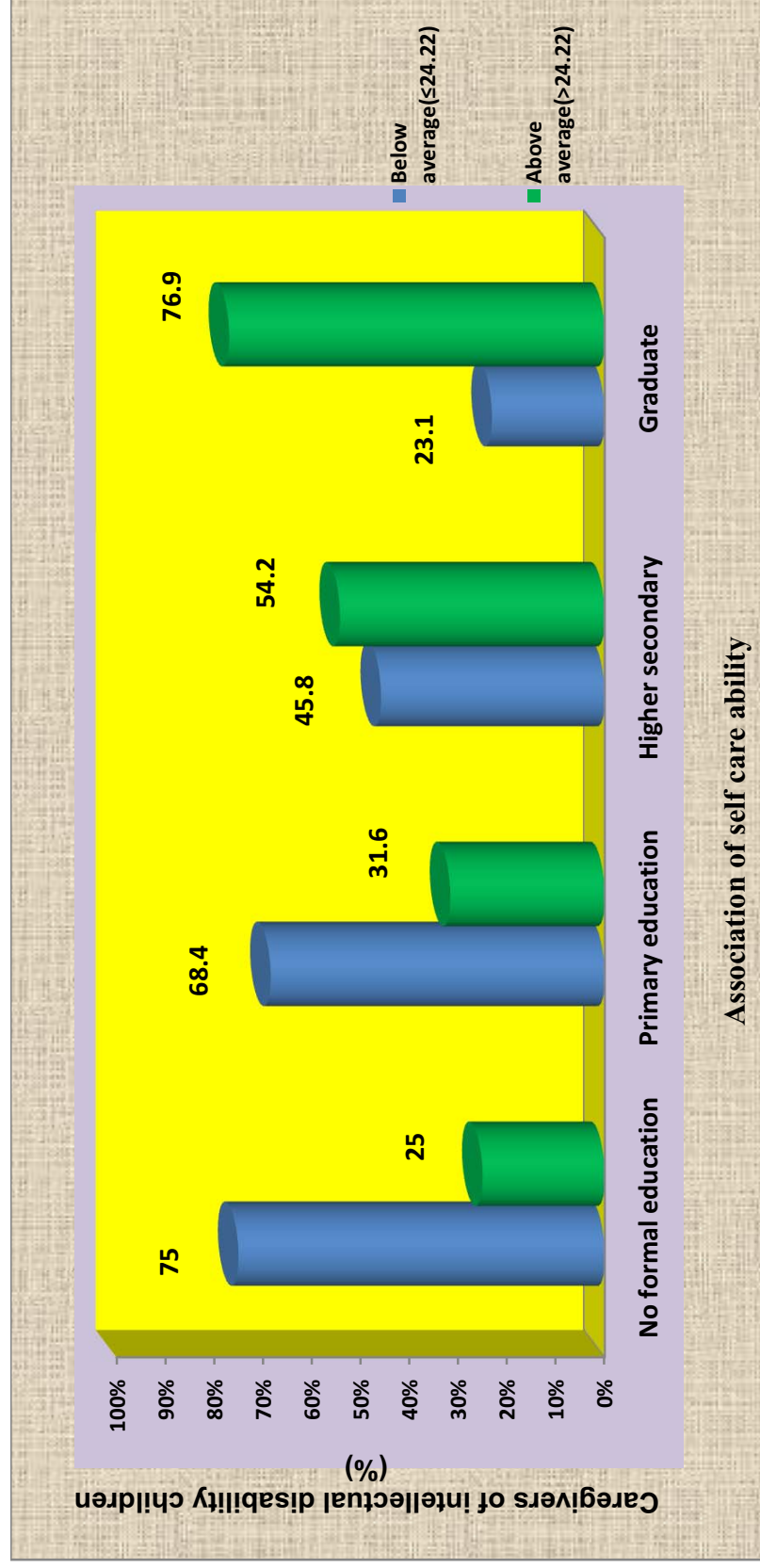


Fig 4.21: Association between level of self care ability gain score and education status

CHAPTER V

SUMMARY OF THE RESULTS

This chapter deals with major findings of the study.

Major findings of the study

5.1 Findings of socio demographic data:

1. Among the care givers (50 %) belonged to the age group of above 35 years
2. Regarding the type of relationship to the child, most of them were (73.3%) mothers.
3. Majority of them were Hindu 65%)
4. Among them (65%) resided in urban area.
5. Among the caregivers (40%) had completed higher secondary education
6. Nearly half of them (56.7) were home makers.
7. Among the care givers half of them (50%) were getting the income of 3000-6000 per month.
8. Most of the care givers were(65%)of non consanguineous marriage
9. They stayed in(66.7%) in nuclear family.
10. Mostly half of them (56%) have only one healthy child.

5.2 Findings on the level of pretest score of self care ability for children, among care givers of intellectually disabled children

Self care abilities score before implementing psycho education module on promoting self care abilities of children; among caregivers of intellectually disabled children. Self care abilities of children in grooming aspect is 61.7%, dressing and brushing aspect is 55%, whereas in bathing it is 52.5% and in toileting is 49.5%, eating aspect is 40.3%. show pre test level of self care abilities of the intellectually disabled children before implementing psycho education module. In general none of the caregivers are having totally dependent score,

46.7% of them are having partially dependent score and 53.3% of them are having clueing score

5.3 Findings on the level of post test score of self care ability of children, among care givers of intellectually disabled children after implementing psycho education.

Each domain wise assessment of self care abilities score after caregivers of intellectual disability children. The scores of intellectual disability in grooming is(82.3%), in brushing (81%),in dressing(77.3%), whereas the least score in eating (71.9%). Overall they are having 76.8% of score. In general none of the caregivers are having totally dependent score, none of them are having partially dependent , 58.3% of them are having clueing score and 41.7% of them are having totally independent .

5.4 Findings on effectiveness on psycho education:

On an average, in posttest, children are **gained** 24.2% of self care abilities score after implementing psycho education module. Differences between pretest and post test score was analyzed using percentage with 95% CI and mean difference with 95% CI.

5.5 Findings on the association between the demographic variables and level of self care ability gain of intellectually disabled children among care givers.

The association between demographic variables and the level of self care ability gain significance in elders of more than 36 years and in educational status those who completed graduate and higher secondary are more as observed in the care givers residing in urban area.

CHAPTER VI

DISCUSSION

This chapter deals with detailed description of the study finding gathered from statistical analysis. Intellectual disability is one of the most common developmental disorders among children. Care givers are taking important role in support of their children to lead in life. Those who are close with the children are more affectionate, and the children also can cope up with their caregivers. So the care givers must know about the promoting aspects of self care abilities of children, even though they admitted the children in special school. Study findings are discussed as per the objectives of the study:

6.1: The first objective describes the socio demographic profile of the care givers:

Table 4.1 shows the frequency of demographic variables of caregivers of intellectually disabled children. Among the care givers (50 %) belonged to the age group of above 35 years and regarding the type of relationship to the child, most of them were (73.3%) mothers. Majority of them were Hindu (65%) and they were resides in urban area. Among the caregivers (40%) were completed higher secondary education and nearly half of them (56.7) were home maker. Among the care givers half of them (50%) were getting the income of 3000-6000 per month. Most of the care givers were (65%) of non consanguineous marriage and they were stayed in (66.7%) in nuclear family, mostly half of them (56%) have only one healthy child.

The investigator's study is consistent with the study conducted by Badadhe Anita Anand (2009) to assess the self care abilities of moderate mentally retarded children and parent involvement in their care. Sample size was 30 moderate intellectual disability children in the age group of 6 – 12 years with IQ 35-50 and their parents were using Non-Probability Purposive Sampling. Results shown that 70.7% of them were mothers who had shown (score 13-18) involvement in child care, 7.1% of the fathers had fair (score 13-18) involvement in child care.

5.2: The second objective describes to assess the level of self care abilities of children before psycho education to care givers.

Table 4.2 shows pre test level of self care abilities of the intellectually disabled children before implementing psycho education module. In level wise none of the caregivers are having totally dependent score, 46.7% of them are having partially dependent score and 53.3% of them are having clueing score. Domain wise the partly dependent of eating aspect is 56.7%, toileting 53.3%, brushing 53.3%, bathing 41.7%, dressing 41.7%, grooming 33.3%.

The investigator's study consistent with a study was conducted by Boston et al (2007) on assessing the self care ability of 76 school-age children with identified disabilities receiving special education services in public school. ADL tool was used. The study results indicate that the scores of students with disabilities were lower on all aspects of self care ability. They concluded that most of the moderately intellectually disabled children were partly dependent (65%) and some of were (35%) in supportive activities.

5.3: The third objective describes to assess the level of self care ability of children among care givers after implementing psycho education

Table 4.5 shows post test level self care abilities of the intellectually disabled children after implementing psycho education to the caregivers. In

general, none of the caregivers are totally dependent score, none of them are having partially dependent, 58.3% of them are having clueing score and 41.7% of them are having totally independent.

Table 4.6 shows each domain wise assessment of self care abilities score after implementing psycho education on promoting self care abilities of children, among caregivers of intellectual disability children. The scores of intellectual disability in grooming is (82.3%), in brushing (81%), in dressing (77.3%), whereas the least score in eating (71.9%). Overall they are having 76.8% of score.

The investigator's study is consistent with the study conducted by Penny Low Denier (2009) on assessing the activities of daily life of intellectual disability children. Totally 95 care givers of intellectual disability children were taken regarding 20 weeks training program. Results showed that after the training of mothers regarding the self care ability score of children has been improved. They concluded that mothers have reported their children can easily follow grooming (75%) and eating aspects (72%) apart from other aspects. The care givers felt better improvement on their children's activity.

5.4: The fourth objective describes to assess the effectiveness on psycho education on promoting self care abilities of children among care givers

Table 4.8 compares pretest and posttest mean score. Considering eating aspects, in pretest, care givers are having 6.45 score where as in post test they are having 11.50 score, so the difference is 5.05. This difference between pretest and posttest is large and it is statistically significant.

Considering toileting aspects, in pretest, care givers are having 7.92 score where as in posttest they are having 12.07 score, so the difference is 4.15. This difference between pretest and posttest is large and it is statistically significant. Considering brushing aspects, in pre test, care givers are having 8.82 score where

as in posttest they are having 12.98 score, so the difference is 4.16. This difference between pretest and post test is large and it is statistically significant.

Considering bathing aspects, in pretest, care givers are having 8.40 score where as in posttest they are having 11.63 score, so the difference is 3.23. This difference between pretest and posttest is large and it is statistically significant. Considering dressing aspects, in pretest, care givers are having 11.13 score where as in posttest they are having 15.45 score, so the difference is 4.32. This difference between pretest and posttest is large and it is statistically significant.

Considering grooming aspects, in pre test, care givers are having 9.87 score where as in posttest they are having 13.17 score, so the difference is 3.3. This difference between pretest and posttest is large and it is statistically significant. Statistical significance was calculated by using student's paired 't'test.

On an average, in post test, children are gained 24.2% of self care abilities score after implementing psycho education module to the care givers. Differences between pretest and post test score was analyzed using percentage with 95% CI and mean difference with 95% CI.

In pre test, care givers are having 52.59 score where as in posttest they are having 76.80 score, so the difference is 24.21. This difference between pretest and post test is large and it is statistically significant.

The investigator study is consistent with the study conducted by Vinayak, 2006: on self care abilities. Totally 200 samples were taken, included 8 weeks training program with the flashcard, booklet and other materials. Final performance test was administered, percentages and paired't' test was applied to test significant difference between pre test and post-test scores. Findings indicated that 60% of the parents had improved awareness towards the same item. Post-test scores were higher than pre-test scores with mean scores difference of 20.5.

5.5 The fifth objective describes to associate the effectiveness of psycho education with selected demographic variables.

Table 4.13 shows the association between levels of self care abilities gain scores and care givers demographic variables. Elders, urban and more educated gained more self care abilities score than others. In this study elders of more than 36 years (66.7%) have more self care ability score gain, and those who resides in urban(57.8%) have gain score, compare to educational status wise higher secondary were (54.2%) and graduate people 76.9%gain score of their children regarding aspects of self care ability. Hence there is significance in association between self care ability and selected demographic variables.

The investigator study is consistent with the study conducted by Department of child and women health Sweden, 2010 conducted on effectiveness of self care ability among intellectual disability children. A sample of 195 children was taken and the children's were classified as 0-6 years and 6-12 years. Results showed that children's were 6-12 years shown 55% on their self care ability and children of 0-6 years shown 45 % on their self care ability. The study concluded that a strong correlation between age and self care ability was found among children self care ability.

CHAPTER VII

CONCLUSION AND RECOMMENDATIONS

The primary aim of the study is to assess the effectiveness of psycho education module on promoting self care abilities of children, among care givers of intellectually disabled children.

Mental retardation refers to significant sub average intellectual functioning result in or associated with impairment in adoption behavior and manifested during the development of the child. Nursing professionals has the duty to make the society to understand about intellectually disabled children and their needs. The role of the investigator is assessment of the child through the care givers in order to get a comprehensive idea of the problems of the child as well as the care giver to understand the situations.

The harmony, quality of parenting, the degree of available educative cognitive stimulation, emotional support and parental approval was most significant for personal and social adjustment of trainable children and these factors are found to be more important.

Care givers are the important persons in child skill. Therefore the investigator conducted a study to promote self care abilities of children with intellectual disability. The data collection was done for the period of four weeks. The obtained data summarized and tabulated by utilizing descriptive statistics like mean and standard deviation and inferential statistics like chi square and paired 't' test..

7.1 Limitations of the study

- ❖ The study was limited to moderate intellectually disabled children.
- ❖ The study was limited to the selected disabled home at Chennai.
- ❖ The study was limited to the care givers of intellectually disabled children who were to participate in the study.
- ❖ The data collection was restricted only for 4 weeks.
- ❖ The self care ability was assessed based on the score obtained.

7.2 Implications of the study:

The findings of the study have implications for nursing education, nursing practice, nursing research and nursing administration.

7.2.1 Implications for nursing practice:

- Along with the challenging scenario of health care delivery system, the emphasis is shifted from care oriented approach to preventive approach. The study revealed that, there is a need of information regarding gaining self care ability of intellectual disability children, among care givers. This study is stressed that is urgent need of education by nursing staff and in planning and conducting educational program.

7.2.2 Implications for nursing administration:

- The main focus is to organize seminar and programmes to the staff and nurses to promote their knowledge regarding self care ability, because they are the most persons who contact with the children and care givers.

- Nursing administrators should concentrate on the proper selection, placement and effective utilization of the nurses in all areas by giving proper guidance.
- Nursing administrators should motivate the staff and also the care givers to participate in various programmes related to developmental pediatrics and should inculcate right attitude in them towards care of intellectually disabled children.
- Nursing administrators should provide counseling services to the care givers who are influenced by genetic factor

7.2.3 Implications for nursing education:

- Nursing education should prepare the nurses for imparting health information effectively, efficiently to the stake holders.
- Student nurses must be prepared with innovative methods and it help to hold the interest on the child health among the parents in public and to become an effective community health nurse
- Nurses at the post graduate level need to develop their skill, in preparing health teaching materials.
- The health educational material especially psycho education module prepared for this study can be utilized by the nursing students in clinical practice and home visits.

7.2.4 Implications for nursing research:

- Hence special school is an important place to detect the self care ability of children with intellectual disability. The research should focuses on promoting self care ability of children with intellectual disability among care givers by various technical programs.
- Research should be done on practicing newer methods of teaching, focusing on interest, quality and cost effectiveness.

6.5 Recommendations:

Keeping in view the findings of the present study, the following recommendations were made since the study was carried out on a small convenience sample

- A similar study can be replicated with on a large sample in different setting
- A similar study can be conducted to assess the effectiveness of psycho education module on promoting self care abilities of children among teaching staffs who are in special school.
- Longitudinal study can be conducted to find out effectiveness of psycho education.

6.6 Conclusion:

Today's Children are the tomorrow's leaders. Some of the children are born with intellectual disability and lack in adaptive functioning. These children may need assistance in self care activities. Care givers are the person who stayed with the children. So the investigator conducted the study to promote self care abilities of children among the care givers. Results showed that there is significant gain (24.2%) in self care ability of intellectually disabled children, and the module was effective in promoting the self care abilities of children.

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10. <http://www.onlinelib.com>

INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI-3

EC Reg No.ECR/270/Inst./TN/2013
Telephone No. 044 25305301
Fax : 044 25363970

CERTIFICATE OF APPROVAL

To
Mrs. DHARANI.K,
M.Sc., (Nursing),
College of Nursing,
Madras Medical College,
Chennai – 600 003.

Dear Mrs. DHARANI.K,

The Institutional Ethics Committee has considered your request and approved your study titled **A STUDY TO ASSESS THE EFFECTIVENESS OF PSYCHOEDUCATION MODULE ON PROMOTING SELF CARE ABILITIES OF CHILDREN , AMONG CARE GIVERS OF INTELLECTUAL DISABILITY CHILDREN AT SELECTED SPECIAL SCHOOL CHENNAI..**

No.24102014.

The following members of Ethics Committee were present in the meeting held on 21.10.2014 conducted at Madras Medical College, Chennai-3.

- | | |
|---|----------------------|
| 1. Dr.C.Rajendran, M.D., | : Chairperson |
| 2. Dr.R.Vimala, M.D., Dean, MMC, Ch-3 | : Deputy Chairperson |
| 3. Prof.B.Kalaiselvi, M.D., Vice-Principal, MMC, Ch-3 | : Member Secretary |
| 4. Prof.R.Nandhini, M.D., Inst.of Pharmacology, MMC | : Member |
| 5. Prof.K.Ramadevi, Director i/c, Inst.of Biochemistry, MMC | : Member |
| 6. Prof.Saraswathy, M.D., Director, Pathology, MMC, Ch-3 | : Member |
| 7. Prof.S.G.Sivachidambaram, M.D., Director i/c, Inst.of Internal Medicine, MMC | : Member |
| 8. Dr.Balakrishnan, M.S., Director, Inst.of Surgery, MMC | : Member |
| 9. Thiru S.Rameshkumar, Administrative Officer | : Lay Person |
| 10.Thiru S.Govindasamy, B.A., B.L., | : Lawyer |
| 11.Tmt.Arnold Saulina, M.A., MSW., | : Social Scientist |

We approve the proposal to be conducted in its presented form.

The Institutional Ethics Committee expects to be informed about the progress of the study and SAE occurring in the course of the study, any changes in the protocol and patients information/informed consent and asks to be provided a copy of the final report.

Member Secretary, Ethics Committee

MEMBER SECRETARY
INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE
CHENNAI-600 003

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by Ms. K. Dharani, II year M.Sc Nursing student, College of Nursing, Madras Medical College which is to be used in her study titled **“A study to assess the effectiveness of psycho education module on promoting self care abilities of children, among care givers of intellectually disabled children at Special School, Chennai”** has been validated by the under signed. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.


SENIOR CIVIL SURGEON
INSSTITUTE OF MENTAL HEALTH
KILPAUK, CHENNAI 10
SIGNATURE WITH SEAL

NAME : DR. V. Venkatesh Malhan Kumar
DESIGNATION: Associate professor
COLLEGE : Madras Medical college

PLACE: Chennai

DATE:

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by Ms. K. Dharani, II year M.Sc Nursing student, College of Nursing, Madras Medical College which is to be used in her study titled **“A study to assess the effectiveness of psycho education module on promoting self care abilities of children, among care givers of intellectually disabled children at Special School, Chennai”** has been validated by the under signed. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

SIGNATURE WITH SEAL

NAME : *14. Vijayalakshmi.*
DESIGNATION: *Professor.*
COLLEGE : *Apollo college of nursing.*

PLACE: *Chennai.*
DATE: *12.08.2015.*



CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by Ms. K. Dharani, II year M.Sc Nursing student, College of Nursing, Madras Medical College which is to be used in her study titled **“A study to assess the effectiveness of psycho education module on promoting self care abilities of children, among care givers of intellectually disabled children at Special School, Chennai”** has been validated by the under signed. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.


SIGNATURE WITH SEAL

NAME : Mrs. CATHERINE BABY SUHASINI

DESIGNATION: LECTURER

COLLEGE : MADHA COLLEGE OF NURSING



PLACE: CHENNAI - 69

DATE: 15-07-15

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by Ms. K. Dharani, II year M.Sc Nursing student, College of Nursing, Madras Medical College which is to be used in her study titled **“A study to assess the effectiveness of psycho education module on promoting self care abilities of children, among care givers of intellectually disabled children at Special School, Chennai”** has been validated by the under signed. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.



B. SUDHAKARAN, M.A., M.Phil(Cl.Psy.),
SIGNATURE WITH SEAL
Assistant Professor of Psychology cum
Clinical Psychologist,
Institute of Mental Health, Chennai-10.

NAME : B. SUDHAKARAN

DESIGNATION: Asst. Prof of Psychology cum Clinical Psychologist

COLLEGE : Institute of Mental Health

PLACE : Chennai

DATE : 16.7.15

**ASHA,
PROJECT FOR DISABLED,
St. Andrew's church,
Egmore.**

Dated: 16.7.15

Sub: Request for M.Sc (N) II year student- Data collection permission- regarding.

Ref: Letter Ref.cited.No Dated from the Principal,

College of nursing, Madras Medical College, Chennai-03

With reference to your letter cited. I am to inform that the permission is granted for Mrs. K. Dharani, II year M.Sc Nursing student permission for the study proposed to conduct on the topic **“A study to assess the effectiveness of psycho education module on promoting self care abilities of children, among care givers of intellectually disabled children at Special School, Chennai”**, to fulfill the requirement of data collection for the period from 16.7.15 to 16.8.15.

ASHA
ENTRE FOR THE DISABLED
ST. ANDREW'S CHURCH
EGMORE, CHENNAI

/s/ N. Mahalingam

PROJECT OFFICER **DIRECTOR**
ASHA TRUST
ST. ANDREW'S CHURCH

SECTION A

Socio demographic profile

Put tick mark () in most appropriate space provided for each item which you think is correct;

1. Age

- a) 25-30 years ☐
- b) 30-35 years ☐
- c) 36 and above ☐

2. Type of relationship to the child

- a) Father ☐
- b) Mother ☐
- c) Guardian ☐

3. Religion

- a) Hindu ☐
- b) Christian ☐
- c) Muslim ☐

4. Area of residence

- a) Urban ☐
- b) Rural ☐
- c) Semi urban ☐

5. Educational status

- a) Primary education ☐
- b) Higher secondary ☐
- c) Graduate ☐
- d) No formal education ☐

6. Occupation ☐
- a) Government employee ☐
 - b) Private employee ☐
 - c) Home maker ☐
 - d) Daily wages/ cooly ☐
7. Monthly income(in rupees)
- a) Below 3000 ☐
 - b) 3001-6000 ☐
 - c) 6001-9000 ☐
8. Type of marriage
- a) Consanguineous marriage ☐
 - b) Non consanguineous marriage ☐
9. Type of family
- a) Nuclear family ☐
 - b) Joint family ☐
10. Number of healthy children
- a) One ☐
 - b) Two ☐
 - c) Three ☐
 - d) Nil ☐

Section B

s.no	Self care ability aspects	Totally independent	Clueing	Partial dependent	Totally dependent
	<i>I) EATING ASPECTS</i>				
1.	Do your child swallows liquid or semi solid foods?				
2.	Does your child discriminates eatables and non eatables?				
3.	Do your child drinks the fluid from a cup?				
4.	Do your child picks up the food with finger and puts in mouth?				
	<i>II) TOILETING ASPECTS</i>				
5	Do your child indicates the urge to go to toilet?				
6	Have your child removes underware before sitting on toilet seat?				
7	Does your child washes by its own after using the toilet				
8	Is your flushes toilet after use it?				
	<i>III) BRUSHING ASPECTS</i>				
9	Does your child applies paste on the brush?				
10	Does your child brushes teeth properly				
11	Does your child cleans the tongue?				
12	Have your child wipes the mouth and hand with cloth?				
	<i>IV) BATHING</i>				
13	Did Your Child Pours Water on self for bathing				
14	Does your child applies soap on body				
15	Do your child washes the body with water				
16	Does your child wipes the body with towel?				

s.no	Self care ability aspects	Totally independent	Clueing	Partial dependent	Totally dependent
	<i>V) DRESSING</i>				
17	DOES your child takes off clothes when unbuttoned				
18	Will your child unbuttons clothing?				
19	Will your child able to wear their shirt by own?				
20	Did your child buttons clothing?				
21	Will your child puts slippers on correct feet?				
	<i>I) GROOMING</i>				
22	Does your child applies powder on face?				
23	Does your child apply oil over the head?				
24	Does your child combs the hair?				
25	Does your child cuts their nails with nail cutter?				

SCORE DETAILS:

1) TOTALLY INDEPENDENT: 4

2) CLUEING:3

3) PARTLY DEPENDENT:2

4) TOTALLY DEPENDENT: 1

சுய விவர படிவம்

1.பாதுகாவலரின் வயது

அ) 25-30 வயது

☐

ஆ) 30-35 வயது

☐

இ) 36 வயதுக்கு மேல்

☐

2.குழந்தையுடனான உறவு முறை

அ) தந்தை

☐

ஆ) தாய்

☐

இ) பாதுகாப்பாளர்

3.மதம்

அ) இந்து

☐

ஆ) கிறித்துவர்

☐

இ) முஸ்லிம்

☐

4.வாழ்மிடம்

அ) நகரம்

☐

ஆ) கிராமம்

☐

5. கல்வித் தகுதி

அ) முதல் நிலை கல்வி

☐

ஆ) உயர்நிலை கல்வி

☐

இ) பட்ட படிப்பு முடித்தவர்

☐

ஈ) படிக்காதவர்

☐

6. தொழில்

அ) அரசாங்க வேலை

☐

ஆ) தனியார் வேலை

☐

இ) கூலி

☐

7. மாத வருமானம்

அ) ரூபாய் 3000 -க்கும் குறைவாக

☐

ஆ) ரூபாய் 3001-6000 வரை

☐

இ) ரூபாய் 6001-9000 வரை

☐

8. திருமணத்தின் முறை

அ) குருதி உறவு முறை

☐

ஆ) குருதி அல்லாத உறவு முறை

☐

9. குடும்ப வகை

அ) தனிக்குடும்பம்

☐

ஆ) கூட்டுக்குடும்பம்

☐

10. குடும்பத்தில் ஆரோக்கியமான குழந்தைகளின் எண்ணிக்கை

அ) ஒன்று

☐

ஆ) இரண்டு

☐

இ) மூன்று

☐

ஈ) இல்லை

☐

கீழே கொடுக்கப்பட்ட வினாக்களுக்கு () டிக் குறியீடு மூலம் பதில் அளிக்கவும்

வ எண்	வினாக்கள்	தானாகவே	சொல்லிக் கொடுப்பதின் மூலம்	உதவியுடன்	முழுவதும் என்னை சார்ந்து
	உணவு உண்ணும் பழக்க முறைகள்				
1	திரவ (அ) பாதி திட அளவு உணவு விழுங்குகிறதா?				
2	உணவு பொருள் மற்றும் உணவு பொருள் அல்லாதவற்றை வேறுபடுத்த முடிகிறதா?				
3	ஒரு கோப்பையிலிருந்து திரவம் எடுத்து குடிக்க முடிகிறதா?				
4	உணவு பொருளை கையில் எடுத்து வாயில் போட முடிகிறதா?				
	கழிப்பறை உபயோகிப்பது குறித்த விவரங்கள்				
5	கழிப்பறைக்கு செல்ல வேண்டும் என்று கூறமுடிகிறதா?				
6	கழிப்பிட இருக்கையில் அமருவதற்கு முன் உள்ளாடைகளை கழற்றி அமர முடியுமா				
7	கழிவறையை உபயோகித்த பின் கை கால்களை கழுவிக்கொள்ள முடியுமா?				
8	கழிவறையை உபயோகித்தபின் சுத்தம் செய்ய முடியுமா ?				
	பல் துலக்கும் முறைகள் குறித்த விவரங்கள்				
9	ஃபிரஷ் பேஸ்ட் இட தெரிகிறதா?				
10	ஃபிரஷ்ன் மூலம் ஒழுங்காக பல் துலக்குகிறார்களா ?				
11	பல் துலக்கும் போது நாக்கை நன்றாக சுத்தம் செய்கிறார்களா ?				
12	பல் துலக்கியபின் கையையும் வாயையும் துணியால் துடைக்க முடியுமா?				

வ எண்	வினாக்கள்	தானாகவே	சொல்லிக் கொடுப்பதின் மூலம்	உதவியுடன்	முழுவதும் என்னை சார்ந்து
	குளிக்கும் முறைகள் குறித்த விவரங்கள்:				
13	குளிக்கும் போது தானாகவே தண்ணீரை உடம்பின் மேல் ஊற்றி கொள்வார்களா ?				
14	சோப்பை உடம்பின் மேல் போட்டு குளிக்க தெரியுமா				
15	உடம்பை தண்ணீர் விட்டு கழுவுகிறார்களா?				
16	குளித்து முடித்தபின் உடம்பை துணியால் துடைக்க தெரியுமா ?				
	ஆடை அணியும் முறைகள்:				
17	சட்டையில் பட்டன் இடாத போது தானாகவே கழற்றி கொள்ள முடியுமா ?				
18	சட்டையில் பட்டனை தேவைக்கேற்ப கழட்டவும் மாட்டவும் தெரியுமா ?				
19	சட்டையை தானாகவே அணிந்து கொள்ள முடியுமா ?				
20	காலணியை பார்த்தவுடன் அணிந்து கொள்ள வேண்டும் என நினைக்கிறார்களா ?				

வ எண்	வினாக்கள்	தானாகவே	சொல்லிக் கொடுப்பதின் மூலம்	உதவியுடன்	முழுவதும் என்னை சார்ந்து
21	காலணியை அணியும் போது சரியான பாதத்தில் அணிகிறார்களா ?				
	தலை மற்றும் முக அழகை சீர்படுத்தும் முறைகள் :				
22	பவுடரை முகத்தின் மேல் பூசிக்கொள்ள முடியுமா ?				
23	எண்ணெயை தலையில் பூசிக்கொள்ள முடியுமா ?				
24	தலையை சீப்பின் மூலம் வாரிக் கொள்ள முடியுமா ?				
25	நகத்தை நகவெட்டியின் மூலம் வெட்ட தெரியுமா ?				

NAME OF THE STUDENT TEACHER

: K.DHARANI

SUBJECT

: MENTAL (PSYCHIATRIC) HEALTH NURSING

TOPIC

: A STUDY TO ASSESS THE EFFECTIVENESS OF PSYCHO
EDUCATION ON PROMOTING SELF CARE ABILITIES
AMONG CAREGIVERS OF INTELLECTUAL DISABILITY
CHILDREN

TIME

: 1 'HOUR

VENUE

: ASHA HOME

GROUP OF PARTICIPANTS

: CAREGIVERS OF INTELLECTUAL DISABLED CHILDREN

METHOD OF TEACHING

: LECTURING AND DISCUSSION

TEACHING AID

: ROLLER BOARD, FLASHCARD, CHART,
BOOKLET, POWERPOINT

Central objectives: help the caregivers to acquire knowledge regarding meaning of intellectual disability, causes, signs and symptoms and able to develop desirable attitude and skills in promoting self care abilities of intellectual disability children.

Specific objectives:

At the end of the session the care giver is able to

- State the meaning of intellectual disability
- List the causes of intellectual disability
- Concentrate on classification of intellectual disability
- Mention the signs and symptoms of intellectual disability children
- Construct the meaning of self care abilities
- Understand the importance of self care abilities
- Enlist the self care abilities of intellectually disabled children
- Explain about promoting aspects in self care abilities

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHERS ACTIVITY	CAREGIVERS ACTIVITY	EVALUATION
1	5 min	State the meaning of intellectual disability	<p>Disability : A disability is a restriction in the ability to perform a task or activity within the range normally expected of someone of same age or level of maturity.</p> <p>Intellectual disability :</p> <p>Intellectual disability is a characterized by significant limitations both in intellectual functioning such as reasoning, learning, problem solving and in adaptive behavior such as social and practical skills, which covers mainly on interpersonal and activity of daily living.</p>	Explain with Roller board	Listening	

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHERS ACTIVITY	CAREGIVERS ACTIVITY	EVALUATION
2	5 min	List the causes of intellectual disability	<ul style="list-style-type: none"> Genetic conditions Biochemical factors Prenatal causes Problem during birth Perinatal insults Health problems of young child Sensory deprivation Brain diseases Miscellaneous conditions 	Explain with Roller board	Listening	
3	5 min	Concentrate on classification of intellectual disability	<ul style="list-style-type: none"> Borderline 71-84 IQ Mild 50-55 upto around 70 Moderate 35-45 upto around 50 Severe 20-25 upto around 34 Profound below 20-25 	Explain with Black board	Listening	

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHERS ACTIVITY	CAREGIVERS ACTIVITY	EVALUATION
4	5 min	Mention the signs and symptoms of intellectual disability children	<ul style="list-style-type: none"> • Low level of intelligence than others • Inappropriate behavior of the child regarding to age • Learning disability • Poor in self care abilities such as bathing, toileting, brushing, eating, grooming, dressing. • Poor in communication and social work • Inappropriate expression of mood 	Explaining with Black board	Listening	
5	5 min	Construct the meaning of self care abilities	Self care ability refers to one's ability to take care of the activities of daily living such as feeding oneself, brushing one's teeth, wearing clean clothes and attending to other activities.	Explaining with black Board	Listening	

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHERS ACTIVITY	CAREGIVERS ACTIVITY	EVALUATION
6	5 min	Understand the importance of self care abilities	<ul style="list-style-type: none"> Assess their baseline ability Promote their practical skills Simultaneously can give the way to promote intellectual functioning	Explaining with Black board	Listening	
7	2 min	Enlist the self care abilities of intellectually disabled children	<ul style="list-style-type: none"> Brushing Toileting Bathing Eating Hand washing Dressing Grooming 	Explaining with charts, power point, pamphlet	clarifying	

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHERS ACTIVITY	CAREGIVERS ACTIVITY	EVALUATION
		Explain the promoting aspects of self care abilities among intellectually disabled children	<p>.brushing :</p> <p>Importance:</p> <ul style="list-style-type: none"> • To keep the gums and teeth healthy • To prevent decay formation • To prevent bad odor <p>Instructions :</p> <ul style="list-style-type: none"> • Use soft bristles while brushing the teeth • Spend atleast 2-3 minutes on each time brushing • Clean the tongue properly • Gently massage the gums • If possible brush 2 times a day 			

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHERS ACTIVITY	CAREGIVERS ACTIVITY	EVALUATION
			<p>Steps in brushing :</p> <ol style="list-style-type: none"> 1. Pick up the tooth brush 2. Wet the tooth brush 3. Take cap off the tooth brush 4. Put paste on the tooth brush 5. Brush your tooth on each quadrant 6. Clean the tongue at last 7. Rinse the mouth and tongue well 8. Rinse the brush 9. Wipe your mouth with a cloth 			
			<p>2.toileting :</p> <p>Importance:</p> <ul style="list-style-type: none"> • To prevent constipation • To enhance • To achieve control based on their disability 			

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHERS ACTIVITY	CAREGIVERS ACTIVITY	EVALUATION
			<p>Instructions :</p> <ul style="list-style-type: none"> • Toilet should be according to the height of the children. Make the child to be comfort. Indian type of toilet can be useful. Keep the child in loose and easily removable pants. • Watch the signals of urination or bowel` movements like changing facial expression or stopping `still for a moment and take the child for toilet at regular intervals. • Should encourage them to move toward the toilet area.talking to the child while the child using toilet, can make to relax 			

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHERS ACTIVITY	CAREGIVERS ACTIVITY	EVALUATION
			<p>Steps:</p> <ol style="list-style-type: none"> 1. Practice them move toward the toilet area 2. Teach them to remove the underwear 3. And to raise their clothes 4. Teach them to flush the toilet after use 			
			<p>Bathing instructions:</p> <ul style="list-style-type: none"> • should be initiated in a playful manner, use bar shape soap for easy handling • special attention should be focused on thorough washing, rinsing, drying of hair, eyes ,neck, genetalia and feet. • Fix flexible time for bathing 			

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHERS ACTIVITY	CAREGIVERS ACTIVITY	EVALUATION
			<p>Steps:</p> <ul style="list-style-type: none"> • Oiling hair: Tell him to identify the oil bottle, demonstrate how to take the bottle, open it by the right hand and keep it in the left hand, demonstrate the application of oil. • Removing dress: Train to close and lock the door, tell the child to remove clothes, show where to keep the dress • Washing hair: show how to open tap, pour water in to the body, guide the child to close the eyes and apply soap on the body, demonstrate rubbing, demonstrate entire drying the of the body. 			

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHERS ACTIVITY	CAREGIVERS ACTIVITY	EVALUATION
			<p>Eating: Instructions:</p> <ul style="list-style-type: none"> • Sufficient time should be planned first • Practice variety of foods repeatedly • Dining room should be pleasant enough • Start with spoon feeding • Train them in a nondisruptive manner <p>Steps:</p> <ol style="list-style-type: none"> 1. Place them in a comfortable position like they should be encouraged to assist in setting table with bowl, spoon and glass and assist them put food in their bowl. 			

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHERS ACTIVITY	CAREGIVERS ACTIVITY	EVALUATION
			<p>2. Teach them how to take food with the fingers if the food pieces can break, or else with the spoon.</p> <p>3. Associated skills like cleaning up the floor, wiping the table should also taught to the children. when placing each item on the table, the care giver may choose the name of the each item.</p> <p>4. Teach the hand washing techniques before and after eating.</p> <p>Wet hands, Pickup soap solution or bar, Rub the hand, Wash palm, Wash back of the hand, Rinse hands, Dry the hands</p>			

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHERS ACTIVITY	CAREGIVERS ACTIVITY	EVALUATION
			<p>6 . if simple commands are understood by the child, the care givers may say open and close to encourage food pattern and also to encourage non verbal communication.</p> <p>Procedure:</p> <ul style="list-style-type: none"> • Washes hands • Sits in proper place • Position the plate, tumbler, spoon • Take proper amount of food in the plate and fill water in the tumbler • Take small bite of food and chew with mouth closed • Request if food needed • After finishing wash the hands 			

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHERS ACTIVITY	CAREGIVERS ACTIVITY	EVALUATION
			<p>Dressing :</p> <p>Instructions:</p> <ul style="list-style-type: none"> • Clothing should be provided with minimally restricted body movements • In teaching the dressing process dolls can be dressed and undressed may be helpful • Learning to undress usually proceeds learning to dress • Should be pleasant and distract manner • Select the clothing appropriate to the weather and climate conditions. 			

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHERS ACTIVITY	CAREGIVERS ACTIVITY	EVALUATION
			<p>Steps:</p> <p>Removing shirts:</p> <ul style="list-style-type: none"> • Demonstrate unbuttoning • Demonstrate removing shirts • While removing shirts you stand behind the child and help to remove. <p>Wearing shirt:</p> <ul style="list-style-type: none"> • Demonstrate how to hold and roll the shirt up to the sleeve, after identify the front • Guide the child to wears the shirt, in left and then right. • Demonstrate closing the front by the use of button 			

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHERS ACTIVITY	CAREGIVERS ACTIVITY	EVALUATION
			<p>Instructions:</p> <ul style="list-style-type: none"> *For the grooming aspects mirror can be used *Doll can be used * Caregiver itself can do <p>When teaching the child to wash their face and hands they should learn to turn switch on and off the tap before drying their hands.</p> <ul style="list-style-type: none"> • They should be encouraged to hang up the cloth and towel in an orderly fashion • Select appropriate comb, demonstrate proper finger coordination, practice proper arm movements 			

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHERS ACTIVITY	CAREGIVERS ACTIVITY	EVALUATION
			<p>Steps :</p> <ol style="list-style-type: none"> 1. Practice them to wash and apply powder on their face 2. Apply oil on their hair 3. Use comb to comb their hair <p>Combing techniques:</p> <ul style="list-style-type: none"> ❖ Pick up the comb ❖ Comb front side ❖ Comb right side ❖ Comb left side ❖ Comb back side <p>Smoothening with their hands.</p>			

Conclusion:

So as a care givers they should know about the importance of self care abilities of their children. Hope they understood the various aspects and they will promote their children ability.

Bibliography :

Bibliography :

1. MARY C.TOWNSEND(2007), CONCEPT OF CARE IN EVIDENCE BASED PRACTICE, 5TH EDITION, JAYPEE BROTHERS
2. NIRAJ AHUJA(2003), TEXTBOOK OF POSTGRADUATE PSYCHIATRY, 2ND EDITION, JAYPEE PUBLICATIONS

INFORMATION TO THE PARTICIPANTS

TITLE: A study to assess the effectiveness of psycho education module on promoting self care abilities of children, among care givers of intellectual disability children at special school,Chennai.

Name of the participant:

Date:

Age / sex:

Investigator : K.Dharani

Name of the institution: Selected special school, Chennai.

You are invited to take part in this study. The information in this document is meant to help you decide whether or not to take part. Please feel free to ask `if you any queries or concerns.

You are being asked to co operative in this study being conducted in special school, Chennai.

What is the purpose of the research(explain briefly)

This research is conducted to evaluate the effectiveness of psycho education module on promoting self care abilities of children , among care givers of intellectual `disability children. We have obtained permission from the institutional Ethics committee.

Study procedure:

The investigator will assess the self care abilities of intellectual disability from caregivers before psycho education by modified questionnaire

The investigator will teach the information regarding self care abilities with the help of psycho education module

After 4 weeks the care givers will be evaluated by post test.

Possible benefits to other people:

The result of the research may provide benefits to the care givers of intellectual disability children and also they can promote their children's ability.

Confidentiality of the information obtained from you

You have the right to confidentiality regarding the privacy of your personal details. The information from this study, if published in scientific journals or presented at scientific meetings, will not reveal your identity.

How will your decision not to participate in the study affect you?

Your decisions not to participate in this research study will not affect your activity of daily living, medical care or your relationship with investigator or the institution.

Can you decide to stop participating in the study once you start?

The participation in this research is purely voluntary and you have the right to withdraw from this study at any time during the course of the study without giving any reasons.

Your privacy in the research will be maintained throughout study. In the event of any publications or presentation resulting from the research, no personally identifiable information` will be shared.

Signature of the investigator

Signature of the participants

Date

Date

INFORMED CONSENT

INVESTIGATOR: K.Dharani

Name of the participant:

Age /sex:

Date :

Name of the institution~: selected special school at Chennai

Title: A study to assess the effectiveness of psycho education module on promoting self care abilities of children, among care givers of intellectual disability children at special school, Chennai.

Documentation of the informed consent: (legal representative can sign if the client is minor or competent)

- I----- have read / it has been read for me, the information in this form. I was free to ask any questions and they have been answered`. I am exercising my free power of choice, hereby give my consent to be included `as a participant in the study.
- I have read and understood this consent form and the information provided to me.
- I have had the consent document explained in detail to me.
- I have been explained about the nature of my study
- My rights and responsibilities have been explained to me by the investigator
- I agree to cooperate with the investigator
- I have not participated in any research study at any time.
- I am aware of the fact that I can opt out of the study at any time without having to give any reason
- I hereby give permission to the investigator to release the information obtained from me as a result of participation in this study to the

regulatory authorities, government agencies and institutional ethics committee. I understand that they are publicly presented

- My identity will be kept confidential if m'y data are publicly presented
- I am aware that I have any question during this study. I should contact the concerned investigator

Signature of the investigator
participants

Date

Signature of the

Date

ஆராய்ச்சி தகவல் தாள்

ஆராய்ச்சி தலைப்பு: மனவளர்ச்சி குன்றிய குழந்தைகளின் பராமரிப்பாளருக்கு இடையே சுய கவனிப்பு திறன் களை ஊக்குவிக்கும் 'முறைகள் குறித்து மனநல கல்வி மூலம் அறிவு சார்ந்த படிப்பினையை வழங்கிய பின்னர் ஏற்படும் மாற்றங்களை அறிவது குறித்து திறனாய்வு

ஆய்வாளர் பெயர்:

பாதுகாப்பாளர் பெயர்:

தேதி:

வயது / பால்:

ஆய்வாளர் மேற்கொள்ளும் ஆராய்ச்சியில் பங்கேற்க யாருடைய கட்டாயமுமின்றி முழுமனதுடன் சம்மதிக்கலாம். இதில் பங்கேற்பதன் நோக்கம் இந்த ஆராய்ச்சியில் தகவல்களை தெரிந்து கொள்வதற்காகவும், அதனை பயன்படுத்துவதற்காக மட்டும் தான்.

இந்த ஆராய்ச்சியின் நோக்கம், மனவளர்ச்சி குன்றிய குழந்தைகளின் பராமரிப்பாளருக்கு இடையே சுய கவனிப்பு திறன் களை ஊக்குவிக்கும் 'முறைகள் குறித்து மனநல கல்வி மூலம் அறிவு சார்ந்த படிப்பினையை வழங்கிய பின்னர் ஏற்படும் மாற்றங்களை அறிவது குறித்து திறனாய்வு

ஆராய்ச்சி மேற்கொள்ளும் முறை:

இந்த ஆராய்ச்சியில் பராமரிப்பாளருக்கு இடையே ஆய்வாளர் தயார் செய்த கேள்வி மூலம், சுய கவனிப்பு திறன் களை ஊக்குவிக்கும் முறைகளை கற்றுத்தருவதற்கு முன்பு மற்றும் பின்பு அவருடைய அறிவுத் திறன் மேம்படுவதை அறியலாம்.

இதனால் ஆய்வாளருக்கான பயன்:

இந்த ஆய்வுக்குப் பின் பராமரிப்பாளருக்கு இடையே சுய கவனிப்பு திறன் களை ஊக்குவிக்கும் 'முறைகள் இடையே சுய கவனிப்பு திறன் களை ஊக்குவிக்கும் முறைகளை பற்றி அறியலாம்.

பங்கேற்பாளருக்கான பயன்:

இந்த ஆய்வு பராமரிப்பாளருக்கு, அவர்களின் குழந்தையை பற்றிய சுய கவனிப்பு திறன் களின் அறிவை மேம்படுத்துகிறது.

ஆராய்ச்சியில் பங்கேற்கவில்லை என்றாலும், உங்களின் சராசரி வாழ்க்கை முறை, மருத்துவ ஆலோசனை மற்றும் சிகிச்சையில் எந்தவித மாற்றமும் ஏற்படாது என்பதை தெரிவிக்கிறேன்.

ஆராய்ச்சியில் பங்கேற்க விருப்பமில்லை என்றாலும், நீங்கள் முழுமனதுடன் இந்த ஆராய்ச்சியில் இருந்து விலகிக்கொள்ளலாம் என்பதை தெரிவிக்கிறேன்.

இந்த ஆராய்ச்சியில் தகவல்களை வெளியிடும் போது, உங்களை பற்றிய அடையாளங்கள் வெளிவராது என்பதை தெரிவிக்கிறேன்.

ஆய்வாளர்

கையொப்பம்

பங்கேற்பாளர் கையொப்பம்

தேதி

ஆராய்ச்சி ஒப்புதல் கடிதம்

ஆராய்ச்சி தலைப்பு: மனவளர்ச்சி குன்றிய குழந்தைகளின் பராமரிப்பாளருக்கு இடையே சுய கவனிப்பு திறன் களை' ஊக்குவிக்கும் முறைகளை குறித்து மனநலக் கல்வி மூலம் அறிவு சார்ந்த படிப்பினையை வழங்கிய பின்னர் ஏற்படும் மாற்றங்களை அறிவது குறித்து திறனாய்வு.

ஆய்வாளர் பெயர்:

பங்கேற்பாளர் பெயர்:

வயது / பால்:

ஆய்வாளர் மேற்கொள்ளும் ஆராய்ச்சியில் பங்கேற்க யாருடைய கட்டாயமுமின்றி முழுமனதுடன் சுயநினைவுடனும் சம்மதிக்கிறேன்.

ஆய்வாளர் மேற்கொள்ளபோகும் பரிசோதனையில் மிக தெளிவாக விளக்கிக் கூறினார்.

எனக்கு விருப்பமில்லாத பட்சத்தில் ஆராய்ச்சியிலிருந்து எந்நேரமும் விலகலாம் என்பதையும் ஆய்வாளர் மூலம் அறிந்து கொண்டேன்.

இந்த ஆராய்ச்சியில் உள்ள ஒப்புதல் கடிதத்தின் விவரங்களை நன்கு புரிந்து கொண்டேன். எனது உரிமைகள் மற்றும் கடமைகள் ஆராய்ச்சியாளர் மூலம் அறிவிக்கப்பட்டது.

நான் ஆராய்ச்சியாளருடன் ஒத்துழைக்க சம்மதிகிறேன். எனக்கு ஏதே'நும் உடல் நலக்குறைவு ஏற்பட்டால் ஆராய்ச்சியாளரிடம் தெரிவிப்பேன்.

நான் வேறு எந்த ஆராய்ச்சியிலும் தற்சமயம் இடம்பெறவில்லை என்பதை தெரிவிக்கிறேன்.

இந்த ஆராய்ச்சியின் தகவல்களை வெளியிட சம்மதிகிறேன். அப்படி வெளிவரும் போது என் அடையாளம் வெளிவராது என்பதை அறிவேன். எனக்கு இந்த ஒப்புதல் கடிதத்தின் நகல் கொடுக்கப்பட்டது.

ஆய்வாளர் கையொப்பம்

பங்கேற்பாளர் கையொப்பம்

Demographic variables										
Coding sheet	Questionaries									
Samples	1	2	3	4	5	6	7	8	9	10
1	c	b	a	a	b	c	b	b	b	d
2	a	b	a	a	b	c	a	b	a	a
3	c	b	b	a	a	c	b	b	a	a
4	c	b	a	a	a	a	c	a	a	a
5	b	b	a	a	d	d	b	b	b	a
6	c	b	a	b	a	c	b	a	a	c
7	c	b	a	a	b	c	b	b	a	b
8	a	b	a	a	c	b	c	a	a	c
9	c	a	b	a	a	a	c	b	a	b
10	c	b	b	b	a	d	b	a	a	d
11	a	c	a	b	c	c	b	b	b	c
12	b	b	c	a	b	c	a	b	b	a
13	c	b	b	a	c	d	a	b	a	a
14	c	a	a	a	d	b	c	b	a	a
15	c	a	a	b	c	b	b	a	a	a
16	a	c	b	b	b	b	b	b	a	a
17	c	a	b	a	b	a	c	a	a	a
18	c	a	b	b	b	b	b	b	a	a
19	c	a	b	a	b	b	c	b	a	b
20	b	b	a	a	b	c	c	b	a	d
21	c	b	a	b	a	c	b	a	a	d
22	c	b	a	b	a	c	b	a	a	d
23	b	b	a	b	b	c	a	b	b	a
24	c	b	b	a	c	c	a	b	a	a
25	c	a	a	a	d	b	c	b	a	a
26	c	a	a	b	c	b	b	a	a	a
27	a	b	a	a	d	b	c	a	a	a
28	a	c	b	b	b	b	b	b	a	a
29	b	b	c	a	b	c	a	b	b	a
30	a	c	a	b	c	c	b	b	b	c
31	c	b	b	a	b	d	b	a	a	d
32	c	a	a	a	c	b	b	a	a	a
33	c	a	b	a	a	a	c	b	a	b
34	a	b	a	a	c	b	c	a	a	d
35	c	c	c	b	c	c	c	a	b	a
36	a	b	a	b	b	a	b	a	a	a
37	c	b	a	a	a	b	b	b	a	b
38	b	b	c	a	b	c	b	a	b	a
39	a	b	a	a	a	b	b	a	a	b
40	c	b	a	a	b	c	a	b	a	a
41	b	b	a	a	a	c	b	a	a	a
42	a	b	a	a	a	a	a	b	b	b
43	b	b	a	a	c	c	b	a	b	A
Sample no	1	2	3	4	5	6	7	8	9	10
44	a	b	a	a	a	c	a	b	b	a
45	a	b	a	a	a	c	a	b	b	a
46	a	b	a	a	c	c	a	b	b	a
47	a	b	a	a	a	c	a	b	a	a

48	a	b	a	a	a	c	a	b	b	b
49	a	b	a	a	b	a	b	b	b	b
50	b	b	a	b	b	c	b	a	b	a
51	c	b	a	a	a	c	a	b	a	a
52	c	b	c	a	c	c	a	b	b	b
53	b	b	a	a	b	c	c	b	a	d
54	c	b	b	a	a	c	b	a	a	a
55	c	b	b	a	b	c	b	b	a	a
56	b	b	a	a	a	c	c	b	a	a
57	c	b	a	a	b	c	b	b	a	d
58	a	b	b	a	b	c	b	b	a	d
59	c	c	b	a	b	c	c	b	b	b
60	a	b	a	a	b	a	b	b	b	b

Pre - Test																									
Samples	Qusineries																								
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
1	a	a	a	a	a	b	c	a	b	b	b	b	a	a	a	a	d	d	a	d	a	a	d	d	d
2	c	a	a	c	a	a	b	a	c	b	c	a	b	b	b	b	a	d	a	a	b	a	d	d	d
3	a	a	a	a	a	a	a	d	a	a	a	a	b	b	b	c	a	a	c	a	a	b	d	d	d
4	a	a	a	a	b	a	b	d	c	b	d	b	a	c	a	b	b	b	b	a	b	b	c	d	d
5	a	a	a	a	a	a	b	d	d	b	d	a	a	b	a	b	d	d	a	a	b	a	b	a	d
6	a	a	a	a	b	b	d	c	d	c	d	b	d	c	c	c	c	d	a	a	b	c	c	c	c
7	a	c	a	a	a	a	d	d	c	c	d	a	a	a	a	a	d	c	a	a	a	c	c	b	d
8	a	a	a	a	a	a	c	c	d	d	d	d	c	c	c	c	d	d	b	a	b	a	b	c	d
9	a	a	a	a	a	a	a	a	a	d	a	d	a	a	a	a	a	a	a	a	a	a	c	c	d
10	a	d	a	a	a	d	c	a	b	b	c	b	a	c	c	a	a	d	a	a	a	a	a	a	d
11	a	a	a	a	a	a	a	a	a	a	b	a	c	c	c	c	a	d	a	a	b	d	d	b	d
12	a	a	a	a	a	b	b	b	a	b	c	a	a	a	b	a	a	a	a	a	a	b	c	d	d
13	a	a	a	a	b	b	d	d	a	b	c	a	a	c	d	d	a	a	b	b	b	a	b	c	d
14	a	a	a	a	a	a	d	d	a	a	a	a	a	c	d	d	a	a	b	b	b	a	c	d	d
15	a	b	a	a	a	b	c	b	b	b	c	b	a	c	a	c	a	c	a	a	b	b	c	c	d
16	a	a	a	a	b	c	b	d	a	b	c	d	a	c	b	b	a	b	c	c	c	a	b	c	d
17	a	a	a	a	a	b	c	d	a	b	c	d	a	c	d	d	a	d	d	d	d	d	c	b	d
18	a	a	a	a	b	c	b	d	a	b	c	d	a	c	b	b	a	d	c	c	c	a	b	c	d
19	a	b	a	a	a	c	c	a	a	b	c	a	b	b	b	b	d	d	d	d	c	b	b	b	c
20	a	a	a	a	a	a	b	c	c	c	c	b	b	c	d	a	b	b	b	c	a	b	d	d	d
21	a	b	b	b	c	c	c	c	b	c	c	c	c	c	c	b	b	a	c	d	d	c	b	d	d
22	a	a	a	a	a	a	d	d	c	b	d	a	d	d	d	d	a	d	a	b	b	b	d	c	d
23	a	a	a	a	c	c	c	c	b	c	c	c	b	b	c	c	c	b	c	c	c	d	d	d	d
24	a	a	a	a	a	a	c	c	c	a	a	a	b	b	c	c	b	b	d	d	b	b	c	c	c
25	a	a	a	a	a	a	d	d	a	a	a	a	a	c	d	d	a	a	b	b	b	a	c	d	d
26	a	b	a	a	b	c	b	d	b	b	c	b	a	c	a	c	a	c	a	a	b	b	c	c	d
27	a	b	a	b	b	c	d	c	b	b	c	c	b	b	b	b	c	c	c	b	a	c	c	c	d
28	a	a	a	a	c	c	c	c	c	c	c	c	c	c	c	c	c	b	b	a	c	c	c	c	d
29	a	a	a	a	a	b	b	c	b	b	b	c	c	c	b	c	c	c	d	b	b	c	c	d	d
30	a	a	a	a	a	b	b	b	a	a	c	a	c	c	c	c	a	b	a	a	b	d	d	b	d
31	a	d	a	a	a	a	b	c	b	c	c	c	c	c	c	c	c	c	c	c	c	b	d	d	d
32	a	a	a	a	b	b	b	b	b	c	c	c	c	c	c	c	c	c	c	c	b	c	c	d	d
33	a	a	a	a	a	a	a	a	c	c	c	c	a	c	c	c	c	c	c	c	b	c	c	d	d
34	a	a	a	a	a	a	c	c	d	d	d	d	c	c	c	d	c	d	d	c	b	c	c	d	d
35	a	d	b	b	b	c	c	c	b	c	c	c	c	c	c	c	c	c	c	c	b	c	c	d	d
36	a	c	b	b	c	d	d	d	c	d	d	d	c	d	c	c	c	d	d	d	c	d	d	d	d
37	a	a	a	a	b	c	c	b	a	d	d	b	a	b	b	d	c	c	c	b	b	d	d	d	d
38	a	d	a	a	a	a	a	b	c	c	c	a	a	a	a	a	c	c	a	a	a	a	c	a	d
39	a	a	a	a	a	a	c	c	a	c	c	a	c	c	a	a	b	b	b	b	a	a	a	c	c
40	a	a	a	a	c	c	c	c	c	c	c	c	b	c	b	b	c	d	d	d	b	b	d	d	d
41	a	a	a	a	b	c	c	b	b	b	c	b	a	a	a	b	d	d	c	b	b	a	b	c	d
42	a	a	a	a	b	a	b	b	a	a	a	b	a	a	a	a	b	b	a	a	c	a	b	b	d
43	a	a	a	a	a	a	a	a	b	b	b	d	a	b	b	a	b	d	d	b	b	a	b	c	d
44	a	c	a	c	a	d	d	a	b	c	c	d	a	b	c	d	d	c	b	a	b	a	b	c	d
45	b	b	b	b	a	b	a	a	b	c	c	c	d	d	d	d	b	b	b	b	b	c	c	c	d
Sample no	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
46	a	b	c	d	d	c	b	a	a	b	c	d	d	c	d	a	a	b	c	d	c	a	b	c	d
47	d	c	b	a	a	b	c	b	d	d	c	c	c	c	d	d	c	b	c	c	c	c	c	b	d
48	b	b	c	c	c	b	c	b	b	d	b	c	c	b	b	c	b	a	c	d	c	b	a	b	b

49	a	d	c	c	c	b	c	c	c	b	c	c	c	b	c	b	c	b	c	b	a	c	b	c	c
50	a	a	a	a	a	a	a	b	a	c	b	a	b	b	a	a	a	a	a	a	a	a	d	d	d
51	a	b	a	a	a	b	a	a	a	b	b	b	a	d	a	a	a	c	c	a	b	a	d	d	d
52	a	a	a	a	a	a	c	c	b	a	c	b	a	b	a	b	a	c	c	a	b	a	b	b	d
53	a	a	a	a	d	d	d	d	c	c	c	c	a	d	a	c	c	c	c	b	b	b	b	b	d
54	a	a	a	a	a	b	d	c	d	d	d	d	c	c	c	c	a	d	a	a	b	b	b	b	c
55	a	b	a	a	a	a	c	c	a	a	b	a	a	a	b	a	b	c	a	a	a	a	c	c	c
56	a	d	c	c	d	c	d	d	d	d	d	d	c	c	d	d	a	d	d	c	c	d	d	d	d
57	a	a	a	a	a	a	a	b	b	b	b	b	b	b	b	b	a	c	c	a	b	a	c	c	d
58	a	d	a	c	d	d	d	d	c	c	d	d	c	c	c	c	b	d	c	b	b	c	c	c	d
59	a	b	a	a	a	a	a	b	a	a	a	b	b	b	a	a	a	c	b	a	a	a	c	c	d
60	a	d	c	c	c	b	c	c	c	b	c	c	c	b	c	b	c	b	c	b	a	c	b	c	c

47	a	c	b	a	a	b	a	a	a	a	b	c	c	b	a	a	a	b	c	b	a	a	a	b	c
48	a	b	b	c	a	b	c	b	b	d	b	c	c	b	b	c	b	a	c	b	c	b	a	b	b
49	a	c	b	c	a	b	c	c	c	b	c	c	c	b	c	b	c	b	c	b	a	c	b	c	c
50	a	a	a	a	a	a	a	a	a	b	a	a	a	a	a	a	a	a	a	a	a	a	c	c	c
51	a	b	a	a	a	b	a	a	a	b	b	b	a	c	a	a	a	b	b	a	a	a	c	c	c
52	a	a	a	a	a	a	b	b	b	a	b	b	a	b	a	b	a	c	c	a	b	a	b	b	c
53	a	a	a	a	d	d	d	d	d	b	b	b	a	c	a	b	b	b	b	a	a	a	a	b	c
54	a	a	a	a	a	b	c	c	c	c	c	c	b	b	b	b	a	d	a	a	b	b	b	b	b
55	a	b	a	a	a	a	c	c	a	a	b	a	a	a	b	a	b	c	a	a	a	a	c	c	c
56	a	c	b	a	d	b	c	b	c	c	c	c	c	c	b	b	c	c	a	c	c	b	b	c	c
57	a	a	a	b	a	a	a	b	b	b	b	a	a	a	a	a	a	b	b	a	a	a	a	b	c
58	a	a	a	a	d	c	c	c	b	b	c	c	b	b	b	b	a	c	b	a	a	b	b	b	c
59	a	c	a	b	a	a	a	a	a	a	a	a	a	a	a	a	a	b	b	a	a	a	b	b	c
60	a	c	b	c	a	b	c	c	c	b	c	c	c	b	c	b	c	b	c	b	a	c	b	c	c